

~~114.3101~~ CMR: ~~DIVISION OF HEALTH CARE FINANCE AND POLICY~~
~~AMBULATORY CARE~~ 318.00: Radiology

Section

- 318.01: General Provisions
- 318.02: General Definitions
- 318.03: General Rate Provisions
- 318.04: Maximum Allowable Fees
- 318.05: -Severability

318.01: General Provisions

- (1) Scope, Purpose, and Effective Date. ~~114.3101~~ CMR 318.00 governs the payment rates used by all governmental units for radiology care and services provided to publicly ~~-~~aided patients. ~~114.3~~Rates under 101 CMR 318.00 ~~is-are~~ effective ~~on or after July 1, 2012~~August 1, 2017, unless otherwise indicated. Rates for services provided to individuals covered by M.G.L. c. 152 (the Worker's' Compensation Act) are ~~not set forth in 101 CMR 318.00, but are at set forth in~~ 114.3 CMR 40.00: *Rates for Services Under M.G.L. c. 152, Worker's Compensation Act.*
- (2) Coverage.
(a) ~~The p~~Payment rates in ~~114.3101~~ CMR 318.00 are used to pay for ~~:(a) R~~radiology services rendered ~~by an eligible provider who bills for services rendered and who performs these services to patients~~ in a private medical office, licensed clinic, hospital, or other inpatient or outpatient facility or department, independent diagnostic testing facility, patient's residence, or other appropriate setting by an individual eligible provider, when an eligible provider bills for the medical services rendered and no other payment method applies.
(b) ~~Radiology services rendered in a hospital by an eligible provider who is not under contractual arrangement with the hospital for radiology services.~~
(b) The rates of payment under ~~114.3101~~ CMR 318.00 are full compensation for patient care rendered to publicly aided patients; as well as for any related administrative or supervisory duties in connection with patient care. ~~The rates of payment also reimburse and all associated overhead expenses associated with the service provided, without regard to where the care is rendered.~~
- (3) Disclaimer of Authorization of Services. ~~114.3101~~ CMR 318.00 is not authorization for or approval of the procedures for which rates are determined pursuant to ~~114.3101~~ CMR 318.00. Governmental units that purchase care are responsible for the definition, authorization, coverage policies, and approval of care and services ~~extended-provided~~ to publicly aided ~~elient~~patients.
- (4) Coding Updates and Corrections. ~~The Division~~EOHHS may publish procedure code updates and ~~-~~corrections in the form of an Administrative Bulletin. ~~-~~Updates may reference coding systems including but not limited to the American Medical Association's *Current Procedural Terminology (CPT)*. ~~The publication of such updates and corrections will list:~~
(a) The publication of such updates and corrections will list
(a) ~~1.~~ codes for which ~~only~~ the code numbers change, with the corresponding cross references between ~~existing and the~~ new codes and the codes being replaced. Rates for such updated codes are set at the rate of the code that is being replaced;
(b) ~~2.~~ deleted codes for which there are no corresponding new codes; and

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(e) 3. codes for entirely new services that require pricing. ~~The Division~~EOHHS will list these codes and apply individual consideration (I.C.) reimbursement for these codes until appropriate rates can be developed.

(~~db~~) ~~for~~For entirely new codes that require new pricing and have Medicare assigned relative value units (RVUs), ~~the Division~~EOHHS may list these codes and -price them according to the rate methodology used in setting physician rates. When ~~RVUs~~RVUs are not available, ~~the Division~~EOHHS may apply individual consideration in reimbursing for these new codes until appropriate rates can be developed.

(5) Administrative Bulletins. ~~The Division~~EOHHS may issue ~~Administrative~~administrative Bulletins ~~bulletins~~ to add, delete, or otherwise update codes or modifiers, and to clarify its policy on and understanding of substantive provisions of 114.3101 CMR 318.00. EOHHS may also issue administrative bulletins to clarify to which duly licensed or certified health care professionals or students the rate methods in this regulation apply.

318.02: General Definitions

Meaning of Terms. ~~The descriptions, and five-digit procedure codes, and two-digit modifiers included in 114.3101 CMR 318.00 utilize the Healthcare Common Procedure Code System (HCPCS) for Level I and Level II coding. -Level I CPT-4 codes are obtained from the Physicians' 2016 Current Procedural Terminology (CPT), copyright 2010-2015 by the American Medical Association unless otherwise specified. -Level II codes are obtained from 2014-2016 HCPCS maintained jointly by the Centers for Medicare and Medicaid Services (CMS), the Blue Cross and Blue Shield Association, and the Health Insurance Association of America. -HCPCS is a listing of descriptive terms and identifying codes and modifiers for reporting medical services and procedures performed by physicians and other health care professionals, as well as associated non-physician services. -No fee schedules, basic unit value, relative value guides, conversion factors, or scales are included in any part of the Physicians' Current Procedure Terminology. In addition, terms used in 114.3101 CMR 318.00 shall have the meanings set forth in 114.3101 CMR 318.02.~~

Eligible Provider. ~~The rates established in these regulations apply in accordance with 101 CMR 318.01 to the following types of providers who meet conditions of participation of the governmental unit purchasing such services, and to the extent specified by such governmental unit. Eligible providers must provide such services in accordance with generally accepted professional standards and in accordance with state licensing requirements and certification by national credentialing bodies as required by law.~~

~~A licensed physician; (other than an intern, resident, fellow, or house officer) licensed osteopath, licensed podiatrist, licensed dentist, or licensed chiropractor, and licensed optometrist, other than an intern, resident, fellow or house officer, who also meets such conditions of participation as may be adopted from time to time by a governmental unit.~~

~~A provider of therapeutic and diagnostic radiology services, who must provide such services in accordance with generally accepted professional standards and in accordance with state licensing requirements and/or certification by national credentialing bodies as required by law. Such radiology services may be rendered by eligible providers such as, but not limited to, independent diagnostic testing facilities (IDTFs). These eligible providers must be physically and financially independent of a hospital or a physician's office. The provider's eligibility is limited~~

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~~to those procedures specified by the governmental unit purchasing such services, and must meet such conditions of participation as may have been or may be adopted from time to time by a governmental unit.~~

~~A provider of radiation oncology services, who must provide such services in accordance with generally accepted professional standards and in accordance with state licensing requirements and/or certification by national credentialing bodies, as required by law. Radiation oncology services may be rendered by eligible providers such as, but not limited to, independent radiation oncology centers. These eligible providers must be physically and financially independent of a hospital or a physician's office. The provider's eligibility is limited to those procedures specified by the governmental unit purchasing such services, and must meet such conditions of participation as may have been or may be adopted from time to time by a governmental unit.~~

~~A clinic licensed by the Massachusetts Department of Public Health in accordance with regulation 105 CMR 140.000: *Licensure of Clinics* to provide radiology services. The provider's eligibility is limited to those procedures specified by the governmental unit purchasing such services, and must meet such conditions of participation as may have been or may be adopted from time to time by a governmental unit.~~

~~A licensed freestanding birth center facility that is not operating under a hospital's license, and is licensed as a birth center meets the conditions of participation adopted by the Massachusetts Department of Public Health pursuant to 105 CMR 142.000: *The Operation and Maintenance of Birth Centers*. The provider's eligibility is limited to those procedures specified by the governmental unit purchasing such services, and must meet such conditions of participation as may have been or may be adopted from time to time by a governmental unit.~~

Eligible Mid-Level Practitioner:

~~An licensed advanced practice registered nurse who is authorized by the Board of Registration in Nursing to practice as a certified nurse practitioner, certified nurse midwife, clinical nurse specialist, psychiatric clinical nurse specialist, or a certified registered nurse anesthetist (CRNA), whose eligibility is limited to those procedures specified by the governmental unit purchasing such services, and who also meets such conditions of participation as may have been or may be adopted from time to time by a governmental unit.~~

~~A licensed registered nurse who is authorized by the Board of Registration in Nursing to practice as a nurse midwife, whose eligibility is limited to those procedures specified by the governmental unit purchasing such services, and who also meets such conditions of participation as may have been or may be adopted from time to time by a governmental unit.~~

~~A licensed physician assistant who is authorized by the Board of Registration for Physician Assistants to practice as a physician assistant, whose eligibility is limited to those procedures specified by the governmental unit purchasing such services, and who also meets such conditions of participation as may have been or may be adopted from time to time by a government unit.~~

EOHHS. The Executive Office of Health and Human Services established under M.G.L. c. 6A.

Governmental Unit. The Commonwealth, any department, agency, board, or commission of the Commonwealth and any political subdivision of the Commonwealth.

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Individual Consideration (I.C.). Radiology services ~~which that~~ are authorized but not listed ~~herein in 101 CMR 318.00~~, radiology services performed in unusual circumstances, and services designated "I.C." are individually considered items. ~~The governmental unit or purchaser shall~~ analyzes the eligible provider's report of services rendered and charges submitted under the appropriate unlisted services or procedures category. ~~The governmental unit or purchaser~~ Determination determines appropriate payment for procedures designated I.C. ~~shall be~~ in accordance with the following standards and criteria:

- (a) the amount of time required to perform the service;
- (b) the degree of skill required to perform the service;
- (c) the severity or complexity of the patient's disease, disorder, or disability;
- (d) any applicable relative value studies;
- (e) any complications or other circumstances that may be deemed relevant;
- (f) the policies, procedures, and practices of other third party insurers;
- (g) the payment rate for prescribed drugs as set forth in ~~114.3 CMR 31.00~~ 101 CMR 331.00: Prescribed Drugs; and
- (h) a copy of the current invoice from the supplier.

Modifiers. Listed services and procedures may be modified under certain circumstances. ~~When~~ applicable, the modifying circumstances should be identified by the addition of the appropriate two-digit number.

Publicly Aided Individual (or Publicly Aided Patient). A person ~~who receives health care for whose medical and other services for which~~ a governmental unit is in whole or in part liable under a statutory program of public assistance.

Radiology Services. Radiology services including diagnostic ultrasound, radiation oncology, and nuclear medicine provided for the assessment and/or treatment of a medical condition, injury, or illness.

Separate Procedure. Some of the listed procedures are commonly carried out as an integral part of a total service, and as such do not warrant a separate identification. ~~When, however, such a procedure is performed independently of, and is not immediately related to, other services, it may be listed as a "separate procedure."~~ in the procedure description. Thus, when a procedure that is ordinarily a component of a larger procedure is performed alone for a specific purpose, it may be considered to be a separate procedure.

Special Report. ~~A service that is rarely provided, unusual, variable, or new may require a special report in determining medical appropriateness of the service. Pertinent information should include an adequate definition or description of the nature, extent, and need for the procedure; and the time, effort, and equipment necessary to provide the service.~~

Supervision and Interpretation Only. When a procedure is performed by two eligible physicians, the radiologic portion of the procedure is designated as "radiological supervision and interpretation." When an eligible physician performs both the procedure and the imaging supervision and interpretation, a combination of procedure codes outside the 70000 series and imaging supervision and interpretation codes are to be used. ~~The radiological supervision and interpretation codes are not applicable to the Radiology Oncology subsection.~~

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Unlisted Procedure or Service ~~or Procedure~~. A service or procedure may be provided that is covered but not listed in ~~114.3101~~ CMR 318.04. When reporting such a service, the appropriate "Unlisted Procedure" code may be used to indicate the service, ~~identifying it by "Special Report"~~.

318.03: General Rate Provisions

(1) Rate Determination. Rates of payment ~~to for services for~~ which ~~114.3101~~ CMR 318.00 applies ~~shall be~~ the lowest of:

- (a) the eligible provider's usual fee to patients other than publicly ~~aided~~ ~~or industrial accident patients~~ individuals; ~~or~~
- (b) the eligible provider's actual charge submitted; or
- (c) the schedule of allowable fees set forth in ~~114.3101~~ CMR 318.04(23), taking into account appropriate modifiers and any other applicable rate provision(s) in accordance with 101 CMR 318.03. ~~;~~ ~~or~~
- ~~(d) The current Medicare Outpatient Prospective Payment System (OPPS) cap payment amounts, if applicable.~~

(2) Supplemental Payment

(a) Eligibility. An eligible provider who is a physician, certified nurse practitioner, physician assistant, or CRNA is eligible for ~~may receive~~ a supplemental payment for services to publicly aided individuals eligible under Titles XIX and XXI of the Social Security Act if the following conditions are met:

1. the eligible provider is employed by a non-profit group practice that was established in accordance with St.1997, c.163 and is affiliated with a Commonwealth-owned medical school;
2. such non-profit group practice ~~shall~~ must have been established on or before January 1, 2000, in order to support the purposes of a teaching hospital affiliated with and appurtenant to a Commonwealth-owned medical school; and
3. the services are provided at a teaching hospital affiliated with and appurtenant to a Commonwealth-owned medical school.

(b) Payment Method. This supplemental payment may not exceed the difference between:

1. payments to the eligible provider made pursuant to the rates applicable under 101 CMR 316.03(1), 101 CMR 317.03(1), and ~~114.3101~~ CMR 318.03(1); and
2. the ~~Federal~~ federal upper payment established by the Centers for Medicare and Medicaid Services ~~limit set forth in 42 CFR 447.325.~~

(3) ~~Under no circumstances shall~~ The sum of the professional and technical components of an individual procedure ~~will not~~ be greater than the allowable global fee set forth in ~~114.3101~~ CMR 318.04(23).

(4) Allowable ~~Mid-Level Fee for Certain Eligible Providers~~ Qualified Mid-Level Practitioners. Payments for services provided by eligible providers who are licensed ~~certified~~ nurse practitioners, eligible licensed ~~certified~~ nurse midwives, psychiatric clinical nurse specialists, clinical nurse specialists, and eligible licensed ~~physician assistants~~ as specified in ~~114.3101~~ CMR 318.02, ~~shall be~~ is 85% of the fees contained in ~~114.3101~~ CMR 318.04(2).

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(5) CPT Category III Codes. All radiology related CPT category III codes are included as a part of this regulation and have an assigned fee of I.C.

318.04: Maximum Allowable Fees

(1) Unless otherwise specified, guidelines, notes, and definitions provided in the ~~2011-2016~~ CPT Coding Handbook are applicable to the use of the procedure codes, modifiers, and descriptions listed ~~in 114.3 CMR 18.04(2)~~ below.

(~~2~~) Modifiers:

(a) -26: Professional Component. The component of a service or procedure representing the physician's² or other qualified health care professional's work interpreting or performing the service or procedure. ~~(When the physician or other qualified health care professional component is reported separately, the addition of modifier '-26' to the procedure code will allow payment of the professional component allowable fee (PC Fee) contained in 114.3101 CMR 318.04(23), adjusted by 101 CMR 318.03 as applicable.)~~ ~~to be paid.~~

(b) -51: Multiple Procedures. Most radiology services do not require modifier 51. Modifier 51 applies only to nuclear medicine procedure codes 78306, 78320, 78802, 78803, 78806, 78807 and should be used only when a whole body bone, tumor, or infection study is performed on the same day prior to a SPECT bone, tumor, or infection study, respectively. ~~Under these circumstances, the modifier must be used to report multiple procedures performed at the same session. The service code for the major procedure or service must be reported without a modifier. The secondary, additional, or lesser procedure(s) must be identified by adding the modifier '-51' to the end of the service code for the secondary procedure(s). (The addition of the modifier '-51' to the second and subsequent procedure codes allows payment of 50% of the allowable fee contained in 114.3101 CMR 318.04(23), adjusted by 101 CMR 318.03 as applicable, to be paid to the eligible provider.~~

Note: This modifier should not be used with designated "add-on" codes or with codes in which the narrative begins with "each additional."²

(c) -52: Reduced Services. Under certain circumstances, a service or procedure is partially reduced or eliminated at the physician's or other qualified health care professional's election. ~~Under these circumstances, the service provided can be identified by its usual procedure number and the addition of the modifier '-52', signifying that the service is reduced. This provides a means of reporting reduced services without disturbing the identification of the basic service.~~

(d) -59: Distinct Procedural Service. To identify a procedure distinct or independent from other services performed on the same day, add ~~the~~ modifier ~~'-59'~~ to the end of the appropriate service code. ~~Modifier '-59' is used to identify services/procedures that are not normally reported together, but are appropriate under certain circumstances, for example, different site or organ system. However, when another already established modifier is appropriate, it should be used rather than modifier '-59'.~~

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~~-HN: Bachelor's Degree Level. (Use to indicate Physician Assistant) (This modifier is to be applied to service codes billed by a physician which were performed by a physician assistant employed by the physician or group practice.)~~

~~(e) -PA: Surgical or other invasive procedure performed on the wrong body part. (This modifier is applied to report Provider Preventable Conditions in accordance with 42 C.F.R. 447.26 and results in non-payment for services.)~~

~~(f) -PB: Surgical or other invasive procedure performed on the wrong patient. (This modifier is applied to report Provider Preventable Conditions in accordance with 42 C.F.R. 447.26 and results in non-payment for services.)~~

~~(g) -PC: Wrong surgical or other invasive procedure performed on a patient. (This modifier is applied to report Provider Preventable Conditions in accordance with 42 C.F.R. 447.26 and results in non-payment for services.)~~

~~(h) -SA: Nurse Practitioner rendering service in collaboration with a physician. (This modifier is to be applied to service codes billed by a physician ~~which that~~ were performed by a ~~non-independent certified~~ nurse practitioner employed by the physician or group practice.) (An ~~independent certified~~ nurse practitioner billing under his/her own individual provider number should not use this modifier.)~~

~~-SB: Nurse Midwife. (This modifier is to be applied to service codes billed by a physician which were performed by a non-independent nurse midwife employed by the physician or group practice.) (An independent nurse midwife billing under his/her own individual provider number should not use this modifier.)~~

~~(i) -TC: ~~Pertains to the t~~Technical component for certain radiological procedures. The component of a service or procedure representing the cost of rent, equipment, utilities, supplies, administrative and technical salaries and benefits, and other overhead expenses of the service or procedures, excluding the physician's or other qualified health care professional's professional component. Certain procedures are a combination of a physician, or professional component, and a technical component. (When the technical component is reported separately, the addition of modifier '-TC' to the procedure code will allow payment of the technical component allowable fee (TC Fee) contained in 414.3101 CMR 318.04(23), adjusted by 101 CMR 318.03 as applicable. ~~to be paid.~~~~

~~(j) XE: Separate encounter. A service that is distinct because it occurred during a separate encounter.~~

~~(k) XS: Separate structure. A service that is distinct because it was performed on a separate organ/structure.~~

~~(l) XP: Separate practitioner. A service that is distinct because it was performed by a different practitioner.~~

~~(m) XU: Unusual non-overlapping service. The use of a service that is distinct because it does not overlap usual components of the main service.~~

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(23) Fee Schedule

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
<u>70010</u>	-	-	<u>\$44.94</u>	-	-	<u>Myelography, posterior fossa, radiological supervision and interpretation</u>
<u>70015</u>	-	-	<u>\$116.56</u>	<u>\$45.12</u>	<u>\$71.44</u>	<u>Cisternography, positive contrast, radiological supervision and interpretation</u>
<u>70030</u>	-	-	<u>\$21.22</u>	<u>\$6.19</u>	<u>\$15.03</u>	<u>Radiologic examination, eye, for detection of foreign body</u>
<u>70100</u>	-	-	<u>\$25.13</u>	<u>\$6.73</u>	<u>\$18.40</u>	<u>Radiologic examination, mandible; partial, less than 4 views</u>
<u>70110</u>	-	-	<u>\$28.88</u>	<u>\$9.36</u>	<u>\$19.52</u>	<u>Radiologic examination, mandible; complete, minimum of 4 views</u>
<u>70120</u>	-	-	<u>\$25.97</u>	<u>\$6.73</u>	<u>\$19.24</u>	<u>Radiologic examination, mastoids; less than 3 views per side</u>
<u>70130</u>	-	-	<u>\$41.73</u>	<u>\$12.67</u>	<u>\$29.06</u>	<u>Radiologic examination, mastoids; complete, minimum of 3 views per side</u>

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<u>70134</u>	-	-	<u>\$39.33</u>	<u>\$13.07</u>	<u>\$26.25</u>	<u>Radiologic examination, internal auditory meati, complete</u>
<u>70140</u>	-	-	<u>\$22.58</u>	<u>\$7.83</u>	<u>\$14.75</u>	<u>Radiologic examination, facial bones; less than 3 views</u>
<u>70150</u>	-	-	<u>\$31.66</u>	<u>\$9.90</u>	<u>\$21.76</u>	<u>Radiologic examination, facial bones; complete, minimum of 3 views</u>
<u>70160</u>	-	-	<u>\$24.87</u>	<u>\$6.47</u>	<u>\$18.40</u>	<u>Radiologic examination, nasal bones, complete, minimum of 3 views</u>
<u>70170</u>	-	-	-	<u>\$11.08</u>	-	<u>Dacryocystography, nasolacrimal duct, radiological supervision and interpretation</u>
<u>70190</u>	-	-	<u>\$27.30</u>	<u>\$8.34</u>	<u>\$18.96</u>	<u>Radiologic examination; optic foramina</u>
<u>70200</u>	-	-	<u>\$32.18</u>	<u>\$10.41</u>	<u>\$21.76</u>	<u>Radiologic examination; orbits, complete, minimum of 4 views</u>
<u>70210</u>	-	-	<u>\$22.62</u>	<u>\$6.47</u>	<u>\$16.15</u>	<u>Radiologic examination, sinuses, paranasal, less than 3 views</u>

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<u>70220</u>	-	-	<u>\$28.60</u>	<u>\$9.36</u>	<u>\$19.24</u>	<u>Radiologic examination, sinuses, paranasal, complete, minimum of 3 views</u>
<u>70240</u>	-	-	<u>\$22.86</u>	<u>\$7.27</u>	<u>\$15.59</u>	<u>Radiologic examination, sella turcica</u>
<u>70250</u>	-	-	<u>\$27.50</u>	<u>\$9.39</u>	<u>\$18.12</u>	<u>Radiologic examination, skull; less than 4 views</u>
<u>70260</u>	-	-	<u>\$34.71</u>	<u>\$12.95</u>	<u>\$21.76</u>	<u>Radiologic examination, skull; complete, minimum of 4 views</u>
<u>70300</u>	-	-	<u>\$11.29</u>	<u>\$4.40</u>	<u>\$6.89</u>	<u>Radiologic examination, teeth; single view</u>
<u>70310</u>	-	-	<u>\$28.26</u>	<u>\$5.94</u>	<u>\$22.33</u>	<u>Radiologic examination, teeth; partial examination, less than full mouth</u>
<u>70320</u>	-	-	<u>\$40.46</u>	<u>\$8.88</u>	<u>\$31.59</u>	<u>Radiologic examination, teeth; complete, full mouth</u>
<u>70328</u>	-	-	<u>\$23.44</u>	<u>\$6.73</u>	<u>\$16.71</u>	<u>Radiologic examination, temporomandibular joint, open and closed mouth; unilateral</u>

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<u>70330</u>	-	-	<u>\$36.20</u>	<u>\$9.39</u>	<u>\$26.82</u>	<u>Radiologic examination, temporomandibular joint, open and closed mouth; bilateral</u>
<u>70332</u>	-	-	<u>\$62.03</u>	<u>\$23.15</u>	<u>\$38.88</u>	<u>Temporomandibular joint arthrography, radiological supervision and interpretation</u>
<u>70336</u>	-	-	<u>\$248.25</u>	<u>\$54.30</u>	<u>\$193.95</u>	<u>Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)</u>
<u>70350</u>	-	-	<u>\$14.92</u>	<u>\$7.47</u>	<u>\$7.45</u>	<u>Cephalogram, orthodontic</u>
<u>70355</u>	-	-	<u>\$15.41</u>	<u>\$8.24</u>	<u>\$7.17</u>	<u>Orthopantomogram (eg, panoramic x-ray)</u>
<u>70360</u>	-	-	<u>\$21.50</u>	<u>\$6.19</u>	<u>\$15.31</u>	<u>Radiologic examination; neck, soft tissue</u>
<u>70370</u>	-	-	<u>\$59.18</u>	<u>\$11.87</u>	<u>\$47.30</u>	<u>Radiologic examination; pharynx or larynx, including fluoroscopy and/or magnification technique</u>
<u>70371</u>	-	-	<u>\$69.31</u>	<u>\$31.55</u>	<u>\$37.76</u>	<u>Complex dynamic pharyngeal and speech evaluation by cine or video recording</u>

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<u>70380</u>	-	-	<u>\$27.68</u>	<u>\$6.75</u>	<u>\$20.92</u>	<u>Radiologic examination, salivary gland for calculus</u>
<u>70390</u>	-	-	<u>\$72.78</u>	<u>\$13.97</u>	<u>\$58.81</u>	<u>Sialography, radiological supervision and interpretation</u>
<u>70450</u>	-	-	<u>\$88.93</u>	<u>\$31.52</u>	<u>\$57.41</u>	<u>Computed tomography, head or brain; without contrast material</u>
<u>70460</u>	-	-	<u>\$124.04</u>	<u>\$41.66</u>	<u>\$82.38</u>	<u>Computed tomography, head or brain; with contrast material(s)</u>
<u>70470</u>	-	-	<u>\$147.42</u>	<u>\$47.08</u>	<u>\$100.34</u>	<u>Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections</u>
<u>70480</u>	-	-	<u>\$135.33</u>	<u>\$47.34</u>	<u>\$87.99</u>	<u>Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material</u>
<u>70481</u>	-	-	<u>\$213.54</u>	<u>\$50.90</u>	<u>\$162.64</u>	<u>Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s)</u>

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<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
<u>70482</u>	-	-	<u>\$233.17</u>	<u>\$53.25</u>	<u>\$179.92</u>	<u>Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material, followed by contrast material(s) and further sections</u>
<u>70486</u>	-	-	<u>\$107.73</u>	<u>\$31.52</u>	<u>\$76.21</u>	<u>Computed tomography, maxillofacial area; without contrast material</u>
<u>70487</u>	-	-	<u>\$129.37</u>	<u>\$41.66</u>	<u>\$87.71</u>	<u>Computed tomography, maxillofacial area; with contrast material(s)</u>
<u>70488</u>	-	-	<u>\$157.81</u>	<u>\$46.80</u>	<u>\$111.01</u>	<u>Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections</u>
<u>70490</u>	-	-	<u>\$135.33</u>	<u>\$47.34</u>	<u>\$87.99</u>	<u>Computed tomography, soft tissue neck; without contrast material</u>
<u>70491</u>	-	-	<u>\$181.55</u>	<u>\$51.18</u>	<u>\$130.37</u>	<u>Computed tomography, soft tissue neck; with contrast material(s)</u>

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<u>70492</u>	-	-	<u>\$214.77</u>	<u>\$53.53</u>	<u>\$161.24</u>	<u>Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections</u>
<u>70496</u>	-	-	<u>\$226.57</u>	<u>\$64.33</u>	<u>\$162.24</u>	<u>Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing</u>
<u>70498</u>	-	-	<u>\$225.73</u>	<u>\$64.33</u>	<u>\$161.40</u>	<u>Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing</u>
<u>70540</u>	-	-	<u>\$263.16</u>	<u>\$49.57</u>	<u>\$213.59</u>	<u>Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)</u>

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<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
<u>70542</u>	-	-	<u>\$311.76</u>	<u>\$59.72</u>	<u>\$252.04</u>	<u>Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)</u>
<u>70543</u>	-	-	<u>\$381.09</u>	<u>\$79.09</u>	<u>\$302.00</u>	<u>Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences</u>
<u>70544</u>	-	-	<u>\$258.04</u>	<u>\$44.45</u>	<u>\$213.59</u>	<u>Magnetic resonance angiography, head; without contrast material(s)</u>
<u>70545</u>	-	-	<u>\$301.26</u>	<u>\$44.17</u>	<u>\$257.09</u>	<u>Magnetic resonance angiography, head; with contrast material(s)</u>
<u>70546</u>	-	-	<u>\$421.21</u>	<u>\$66.45</u>	<u>\$354.76</u>	<u>Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences</u>

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<u>70547</u>	-	-	<u>\$258.04</u>	<u>\$44.45</u>	<u>\$213.59</u>	<u>Magnetic resonance angiography, neck; without contrast material(s)</u>
<u>70548</u>	-	-	<u>\$321.75</u>	<u>\$44.45</u>	<u>\$277.30</u>	<u>Magnetic resonance angiography, neck; with contrast material(s)</u>
<u>70549</u>	-	-	<u>\$421.21</u>	<u>\$66.45</u>	<u>\$354.76</u>	<u>Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences</u>
<u>70551</u>	-	-	<u>\$177.09</u>	<u>\$54.58</u>	<u>\$122.51</u>	<u>Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material</u>
<u>70552</u>	-	-	<u>\$246.42</u>	<u>\$65.66</u>	<u>\$180.76</u>	<u>Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)</u>

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<u>70553</u>	-	-	<u>\$290.54</u>	<u>\$84.52</u>	<u>\$206.02</u>	<u>Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences</u>
<u>70554</u>	-	-	<u>\$348.66</u>	<u>\$78.22</u>	<u>\$270.44</u>	<u>Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration</u>
<u>70555</u>	-	-	-	<u>\$93.04</u>	-	<u>Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing</u>

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<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
<u>70557</u>	-	-	-	<u>\$107.50</u>	-	<u>Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); without contrast material</u>
<u>70558</u>	-	-	-	<u>\$118.42</u>	-	<u>Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); with contrast material(s)</u>

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<u>70559</u>	-	-	-	<u>\$119.17</u>	-	<u>Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); without contrast material(s), followed by contrast material(s) and further sequences</u>
<u>71010</u>	-	-	<u>\$16.99</u>	<u>\$6.73</u>	<u>\$10.26</u>	<u>Radiologic examination, chest; single view, frontal</u>
<u>71015</u>	-	-	<u>\$21.12</u>	<u>\$8.06</u>	<u>\$13.06</u>	<u>Radiologic examination, chest; stereo, frontal</u>
<u>71020</u>	-	-	<u>\$21.10</u>	<u>\$8.03</u>	<u>\$13.06</u>	<u>Radiologic examination, chest, 2 views, frontal and lateral;</u>
<u>71021</u>	-	-	<u>\$25.75</u>	<u>\$10.16</u>	<u>\$15.59</u>	<u>Radiologic examination, chest, 2 views, frontal and lateral; with apical lordotic procedure</u>
<u>71022</u>	-	-	<u>\$31.82</u>	<u>\$12.30</u>	<u>\$19.52</u>	<u>Radiologic examination, chest, 2 views, frontal and lateral; with oblique projections</u>

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<u>71023</u>	-	-	<u>\$48.64</u>	<u>\$13.97</u>	<u>\$34.67</u>	<u>Radiologic examination, chest, 2 views, frontal and lateral; with fluoroscopy</u>
<u>71030</u>	-	-	<u>\$31.70</u>	<u>\$11.62</u>	<u>\$20.08</u>	<u>Radiologic examination, chest, complete, minimum of 4 views;</u>
<u>71034</u>	-	-	<u>\$63.91</u>	<u>\$17.17</u>	<u>\$46.74</u>	<u>Radiologic examination, chest, complete, minimum of 4 views; with fluoroscopy</u>
<u>71035</u>	-	-	<u>\$25.13</u>	<u>\$6.73</u>	<u>\$18.40</u>	<u>Radiologic examination, chest, special views (eg, lateral decubitus, Bucky studies)</u>
<u>71100</u>	-	-	<u>\$25.03</u>	<u>\$8.31</u>	<u>\$16.71</u>	<u>Radiologic examination, ribs, unilateral; 2 views</u>
<u>71101</u>	-	-	<u>\$27.59</u>	<u>\$10.03</u>	<u>\$17.55</u>	<u>Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of 3 views</u>
<u>71110</u>	-	-	<u>\$28.55</u>	<u>\$10.16</u>	<u>\$18.40</u>	<u>Radiologic examination, ribs, bilateral; 3 views</u>
<u>71111</u>	-	-	<u>\$36.44</u>	<u>\$12.15</u>	<u>\$24.29</u>	<u>Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views</u>

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<u>71120</u>	-	-	<u>\$22.55</u>	<u>\$7.52</u>	<u>\$15.03</u>	<u>Radiologic examination; sternum, minimum of 2 views</u>
<u>71130</u>	-	-	<u>\$27.55</u>	<u>\$8.31</u>	<u>\$19.24</u>	<u>Radiologic examination; sternoclavicular joint or joints, minimum of 3 views</u>
<u>71250</u>	-	-	<u>\$125.71</u>	<u>\$37.72</u>	<u>\$87.99</u>	<u>Computed tomography, thorax; without contrast material</u>
<u>71260</u>	-	-	<u>\$176.96</u>	<u>\$46.03</u>	<u>\$130.93</u>	<u>Computed tomography, thorax; with contrast material(s)</u>
<u>71270</u>	-	-	<u>\$212.70</u>	<u>\$50.90</u>	<u>\$161.80</u>	<u>Computed tomography, thorax; without contrast material, followed by contrast material(s) and further sections</u>
<u>71275</u>	-	-	<u>\$230.61</u>	<u>\$66.96</u>	<u>\$163.64</u>	<u>Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing</u>

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<u>71550</u>	-	-	<u>\$267.38</u>	<u>\$53.79</u>	<u>\$213.59</u>	<u>Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)</u>
<u>71551</u>	-	-	<u>\$355.71</u>	<u>\$63.54</u>	<u>\$292.17</u>	<u>Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s)</u>
<u>71552</u>	-	-	<u>\$438.10</u>	<u>\$83.47</u>	<u>\$354.63</u>	<u>Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences</u>
<u>71555</u>	-	-	<u>\$307.65</u>	<u>\$65.99</u>	<u>\$241.66</u>	<u>Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)</u>

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<u>72020</u>	-	-	<u>\$16.78</u>	<u>\$5.68</u>	<u>\$11.10</u>	<u>Radiologic examination, spine, single view, specify level</u>
<u>72040</u>	-	-	<u>\$25.31</u>	<u>\$8.31</u>	<u>\$16.99</u>	<u>Radiologic examination, spine, cervical; 2 or 3 views</u>
<u>72050</u>	-	-	<u>\$34.22</u>	<u>\$11.62</u>	<u>\$22.61</u>	<u>Radiologic examination, spine, cervical; 4 or 5 views</u>
<u>72052</u>	-	-	<u>\$43.08</u>	<u>\$13.46</u>	<u>\$29.62</u>	<u>Radiologic examination, spine, cervical; 6 or more views</u>
<u>72070</u>	-	-	<u>\$25.87</u>	<u>\$8.31</u>	<u>\$17.55</u>	<u>Radiologic examination, spine; thoracic, 2 views</u>
<u>72072</u>	-	-	<u>\$26.43</u>	<u>\$8.03</u>	<u>\$18.40</u>	<u>Radiologic examination, spine; thoracic, 3 views</u>
<u>72074</u>	-	-	<u>\$30.08</u>	<u>\$8.03</u>	<u>\$22.05</u>	<u>Radiologic examination, spine; thoracic, minimum of 4 views</u>
<u>72080</u>	-	-	<u>\$23.34</u>	<u>\$8.03</u>	<u>\$15.31</u>	<u>Radiologic examination, spine; thoracolumbar junction, minimum of 2 views</u>

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<u>72081</u>	-	-	<u>\$29.58</u>	<u>\$9.78</u>	<u>\$19.80</u>	<u>Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view</u>
<u>72082</u>	-	-	<u>\$47.97</u>	<u>\$11.90</u>	<u>\$36.08</u>	<u>Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views</u>
<u>72083</u>	-	-	<u>\$52.09</u>	<u>\$12.92</u>	<u>\$39.16</u>	<u>Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views</u>

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<u>72084</u>	-	-	<u>\$62.32</u>	<u>\$15.02</u>	<u>\$47.30</u>	<u>Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); minimum of 6 views</u>
<u>72100</u>	-	-	<u>\$26.71</u>	<u>\$8.31</u>	<u>\$18.40</u>	<u>Radiologic examination, spine, lumbosacral; 2 or 3 views</u>
<u>72110</u>	-	-	<u>\$37.31</u>	<u>\$11.62</u>	<u>\$25.69</u>	<u>Radiologic examination, spine, lumbosacral; minimum of 4 views</u>
<u>72114</u>	-	-	<u>\$47.95</u>	<u>\$12.15</u>	<u>\$35.80</u>	<u>Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views</u>
<u>72120</u>	-	-	<u>\$30.92</u>	<u>\$8.31</u>	<u>\$22.61</u>	<u>Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views</u>
<u>72125</u>	-	-	<u>\$127.55</u>	<u>\$39.56</u>	<u>\$87.99</u>	<u>Computed tomography, cervical spine; without contrast material</u>

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<u>72126</u>	-	-	<u>\$176.73</u>	<u>\$44.96</u>	<u>\$131.77</u>	<u>Computed tomography, cervical spine; with contrast material</u>
<u>72127</u>	-	-	<u>\$209.73</u>	<u>\$46.80</u>	<u>\$162.92</u>	<u>Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections</u>
<u>72128</u>	-	-	<u>\$124.92</u>	<u>\$36.92</u>	<u>\$87.99</u>	<u>Computed tomography, thoracic spine; without contrast material</u>
<u>72129</u>	-	-	<u>\$177.01</u>	<u>\$44.96</u>	<u>\$132.05</u>	<u>Computed tomography, thoracic spine; with contrast material</u>
<u>72130</u>	-	-	<u>\$211.13</u>	<u>\$46.80</u>	<u>\$164.33</u>	<u>Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections</u>
<u>72131</u>	-	-	<u>\$124.92</u>	<u>\$36.92</u>	<u>\$87.99</u>	<u>Computed tomography, lumbar spine; without contrast material</u>
<u>72132</u>	-	-	<u>\$176.45</u>	<u>\$44.96</u>	<u>\$131.49</u>	<u>Computed tomography, lumbar spine; with contrast material</u>

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<u>72133</u>	-	-	<u>\$209.32</u>	<u>\$46.68</u>	<u>\$162.64</u>	<u>Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections</u>
<u>72141</u>	-	-	<u>\$171.91</u>	<u>\$54.73</u>	<u>\$117.18</u>	<u>Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material</u>
<u>72142</u>	-	-	<u>\$250.50</u>	<u>\$66.09</u>	<u>\$184.41</u>	<u>Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)</u>
<u>72146</u>	-	-	<u>\$171.91</u>	<u>\$54.73</u>	<u>\$117.18</u>	<u>Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material</u>
<u>72147</u>	-	-	<u>\$247.82</u>	<u>\$65.66</u>	<u>\$182.16</u>	<u>Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)</u>

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<u>72148</u>	-	-	<u>\$171.07</u>	<u>\$54.73</u>	<u>\$116.34</u>	<u>Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material</u>
<u>72149</u>	-	-	<u>\$247.42</u>	<u>\$66.09</u>	<u>\$181.32</u>	<u>Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)</u>
<u>72156</u>	-	-	<u>\$291.94</u>	<u>\$84.52</u>	<u>\$207.42</u>	<u>Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical</u>
<u>72157</u>	-	-	<u>\$292.50</u>	<u>\$84.52</u>	<u>\$207.98</u>	<u>Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic</u>

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<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
<u>72158</u>	-	-	<u>\$291.38</u>	<u>\$84.52</u>	<u>\$206.86</u>	<u>Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar</u>
<u>72159</u>	-	-	<u>\$322.98</u>	<u>\$66.73</u>	<u>\$256.25</u>	<u>Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)</u>
<u>72170</u>	-	-	<u>\$24.31</u>	<u>\$6.47</u>	<u>\$17.84</u>	<u>Radiologic examination, pelvis; 1 or 2 views</u>
<u>72190</u>	-	-	<u>\$29.26</u>	<u>\$8.06</u>	<u>\$21.20</u>	<u>Radiologic examination, pelvis; complete, minimum of 3 views</u>
<u>72191</u>	-	-	<u>\$234.99</u>	<u>\$66.58</u>	<u>\$168.41</u>	<u>Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing</u>
<u>72192</u>	-	-	<u>\$111.79</u>	<u>\$40.35</u>	<u>\$71.44</u>	<u>Computed tomography, pelvis; without contrast material</u>

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<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
<u>72193</u>	-	-	<u>\$174.63</u>	<u>\$42.86</u>	<u>\$131.77</u>	<u>Computed tomography, pelvis; with contrast material(s)</u>
<u>72194</u>	-	-	<u>\$201.71</u>	<u>\$44.96</u>	<u>\$156.75</u>	<u>Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections</u>
<u>72195</u>	-	-	<u>\$267.66</u>	<u>\$54.07</u>	<u>\$213.59</u>	<u>Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)</u>
<u>72196</u>	-	-	<u>\$318.95</u>	<u>\$64.10</u>	<u>\$254.85</u>	<u>Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)</u>
<u>72197</u>	-	-	<u>\$391.64</u>	<u>\$83.47</u>	<u>\$308.17</u>	<u>Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences</u>
<u>72198</u>	-	-	<u>\$310.36</u>	<u>\$65.89</u>	<u>\$244.46</u>	<u>Magnetic resonance angiography, pelvis, with or without contrast material(s)</u>

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<u>72200</u>	-	-	<u>\$21.78</u>	<u>\$6.47</u>	<u>\$15.31</u>	<u>Radiologic examination, sacroiliac joints; less than 3 views</u>
<u>72202</u>	-	-	<u>\$25.10</u>	<u>\$6.99</u>	<u>\$18.12</u>	<u>Radiologic examination, sacroiliac joints; 3 or more views</u>
<u>72220</u>	-	-	<u>\$21.50</u>	<u>\$6.47</u>	<u>\$15.03</u>	<u>Radiologic examination, sacrum and coccyx, minimum of 2 views</u>
<u>72240</u>	-	-	<u>\$74.19</u>	<u>\$33.62</u>	<u>\$40.57</u>	<u>Myelography, cervical, radiological supervision and interpretation</u>
<u>72255</u>	-	-	<u>\$73.78</u>	<u>\$34.06</u>	<u>\$39.73</u>	<u>Myelography, thoracic, radiological supervision and interpretation</u>
<u>72265</u>	-	-	<u>\$69.90</u>	<u>\$30.73</u>	<u>\$39.16</u>	<u>Myelography, lumbosacral, radiological supervision and interpretation</u>
<u>72270</u>	-	-	<u>\$96.08</u>	<u>\$49.33</u>	<u>\$46.74</u>	<u>Myelography, 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical), radiological supervision and interpretation</u>

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<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
<u>72275</u>	-	-	<u>\$88.71</u>	<u>\$29.06</u>	<u>\$59.65</u>	<u>Epidurography, radiological supervision and interpretation</u>
<u>72285</u>	-	-	<u>\$86.23</u>	<u>\$44.83</u>	<u>\$41.41</u>	<u>Discography, cervical or thoracic, radiological supervision and interpretation</u>
<u>72295</u>	-	-	<u>\$75.10</u>	<u>\$32.01</u>	<u>\$43.09</u>	<u>Discography, lumbar, radiological supervision and interpretation</u>
<u>73000</u>	-	-	<u>\$20.97</u>	<u>\$6.22</u>	<u>\$14.75</u>	<u>Radiologic examination; clavicle, complete</u>
<u>73010</u>	-	-	<u>\$22.91</u>	<u>\$6.75</u>	<u>\$16.15</u>	<u>Radiologic examination; scapula, complete</u>
<u>73020</u>	-	-	<u>\$17.34</u>	<u>\$5.68</u>	<u>\$11.66</u>	<u>Radiologic examination, shoulder; 1 view</u>
<u>73030</u>	-	-	<u>\$22.04</u>	<u>\$7.01</u>	<u>\$15.03</u>	<u>Radiologic examination, shoulder; complete, minimum of 2 views</u>
<u>73040</u>	-	-	<u>\$77.03</u>	<u>\$20.19</u>	<u>\$56.84</u>	<u>Radiologic examination, shoulder, arthrography, radiological supervision and interpretation</u>

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<u>73050</u>	-	-	<u>\$27.04</u>	<u>\$7.80</u>	<u>\$19.24</u>	<u>Radiologic examination; acromioclavicular joints, bilateral, with or without weighted distraction</u>
<u>73060</u>	-	-	<u>\$22.09</u>	<u>\$6.22</u>	<u>\$15.87</u>	<u>Radiologic examination; humerus, minimum of 2 views</u>
<u>73070</u>	-	-	<u>\$20.71</u>	<u>\$5.96</u>	<u>\$14.75</u>	<u>Radiologic examination, elbow; 2 views</u>
<u>73080</u>	-	-	<u>\$23.75</u>	<u>\$6.47</u>	<u>\$17.27</u>	<u>Radiologic examination, elbow; complete, minimum of 3 views</u>
<u>73085</u>	-	-	<u>\$74.66</u>	<u>\$21.19</u>	<u>\$53.48</u>	<u>Radiologic examination, elbow, arthrography, radiological supervision and interpretation</u>
<u>73090</u>	-	-	<u>\$19.56</u>	<u>\$6.22</u>	<u>\$13.35</u>	<u>Radiologic examination; forearm, 2 views</u>
<u>73092</u>	-	-	<u>\$20.69</u>	<u>\$5.94</u>	<u>\$14.75</u>	<u>Radiologic examination; upper extremity, infant, minimum of 2 views</u>
<u>73100</u>	-	-	<u>\$22.09</u>	<u>\$6.22</u>	<u>\$15.87</u>	<u>Radiologic examination, wrist; 2 views</u>

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<u>73110</u>	-	-	<u>\$27.12</u>	<u>\$6.47</u>	<u>\$20.64</u>	<u>Radiologic examination, wrist; complete, minimum of 3 views</u>
<u>73115</u>	-	-	<u>\$82.24</u>	<u>\$20.90</u>	<u>\$61.33</u>	<u>Radiologic examination, wrist, arthrography, radiological supervision and interpretation</u>
<u>73120</u>	-	-	<u>\$19.84</u>	<u>\$6.22</u>	<u>\$13.63</u>	<u>Radiologic examination, hand; 2 views</u>
<u>73130</u>	-	-	<u>\$23.47</u>	<u>\$6.47</u>	<u>\$16.99</u>	<u>Radiologic examination, hand; minimum of 3 views</u>
<u>73140</u>	-	-	<u>\$24.13</u>	<u>\$5.17</u>	<u>\$18.96</u>	<u>Radiologic examination, finger(s), minimum of 2 views</u>
<u>73200</u>	-	-	<u>\$124.92</u>	<u>\$36.92</u>	<u>\$87.99</u>	<u>Computed tomography, upper extremity; without contrast material</u>
<u>73201</u>	-	-	<u>\$172.11</u>	<u>\$42.86</u>	<u>\$129.25</u>	<u>Computed tomography, upper extremity; with contrast material(s)</u>
<u>73202</u>	-	-	<u>\$215.18</u>	<u>\$44.96</u>	<u>\$170.22</u>	<u>Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections</u>

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<u>73206</u>	-	-	<u>\$251.12</u>	<u>\$66.15</u>	<u>\$184.97</u>	<u>Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing</u>
<u>73218</u>	-	-	<u>\$263.44</u>	<u>\$49.85</u>	<u>\$213.59</u>	<u>Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)</u>
<u>73219</u>	-	-	<u>\$313.73</u>	<u>\$60.00</u>	<u>\$253.73</u>	<u>Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; with contrast material(s)</u>
<u>73220</u>	-	-	<u>\$387.26</u>	<u>\$79.37</u>	<u>\$307.89</u>	<u>Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences</u>

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<u>73221</u>	-	-	<u>\$181.78</u>	<u>\$50.13</u>	<u>\$131.65</u>	<u>Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)</u>
<u>73222</u>	-	-	<u>\$292.96</u>	<u>\$60.00</u>	<u>\$232.96</u>	<u>Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s)</u>
<u>73223</u>	-	-	<u>\$362.85</u>	<u>\$79.37</u>	<u>\$283.47</u>	<u>Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences</u>
<u>73225</u>	-	-	<u>\$313.89</u>	<u>\$62.98</u>	<u>\$250.92</u>	<u>Magnetic resonance angiography, upper extremity, with or without contrast material(s)</u>
<u>73501</u>	-	-	<u>\$22.60</u>	<u>\$7.01</u>	<u>\$15.59</u>	<u>Radiologic examination, hip, unilateral, with pelvis when performed; 1 view</u>
<u>73502</u>	-	-	<u>\$31.76</u>	<u>\$8.31</u>	<u>\$23.45</u>	<u>Radiologic examination, hip, unilateral, with pelvis when performed; 2-3 views</u>

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<u>73503</u>	-	-	<u>\$39.65</u>	<u>\$10.59</u>	<u>\$29.06</u>	<u>Radiologic examination, hip, unilateral, with pelvis when performed; minimum of 4 views</u>
<u>73521</u>	-	-	<u>\$30.36</u>	<u>\$8.60</u>	<u>\$21.76</u>	<u>Radiologic examination, hips, bilateral, with pelvis when performed; 2 views</u>
<u>73522</u>	-	-	<u>\$37.36</u>	<u>\$11.10</u>	<u>\$26.25</u>	<u>Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views</u>
<u>73523</u>	-	-	<u>\$43.48</u>	<u>\$11.90</u>	<u>\$31.59</u>	<u>Radiologic examination, hips, bilateral, with pelvis when performed; minimum of 5 views</u>
<u>73525</u>	-	-	<u>\$78.03</u>	<u>\$21.19</u>	<u>\$56.84</u>	<u>Radiologic examination, hip, arthrography, radiological supervision and interpretation</u>
<u>73551</u>	-	-	<u>\$21.25</u>	<u>\$6.22</u>	<u>\$15.03</u>	<u>Radiologic examination, femur; 1 view</u>
<u>73552</u>	-	-	<u>\$24.85</u>	<u>\$7.01</u>	<u>\$17.84</u>	<u>Radiologic examination, femur; minimum 2 views</u>

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<u>73560</u>	-	-	<u>\$23.77</u>	<u>\$6.22</u>	<u>\$17.55</u>	<u>Radiologic examination, knee; 1 or 2 views</u>
<u>73562</u>	-	-	<u>\$27.37</u>	<u>\$7.01</u>	<u>\$20.36</u>	<u>Radiologic examination, knee; 3 views</u>
<u>73564</u>	-	-	<u>\$30.08</u>	<u>\$8.31</u>	<u>\$21.76</u>	<u>Radiologic examination, knee; complete, 4 or more views</u>
<u>73565</u>	-	-	<u>\$27.42</u>	<u>\$6.50</u>	<u>\$20.92</u>	<u>Radiologic examination, knee; both knees, standing, anteroposterior</u>
<u>73580</u>	-	-	<u>\$88.97</u>	<u>\$20.90</u>	<u>\$68.07</u>	<u>Radiologic examination, knee, arthrography, radiological supervision and interpretation</u>
<u>73590</u>	-	-	<u>\$21.81</u>	<u>\$6.22</u>	<u>\$15.59</u>	<u>Radiologic examination; tibia and fibula, 2 views</u>
<u>73592</u>	-	-	<u>\$21.25</u>	<u>\$5.94</u>	<u>\$15.31</u>	<u>Radiologic examination; lower extremity, infant, minimum of 2 views</u>
<u>73600</u>	-	-	<u>\$22.93</u>	<u>\$6.22</u>	<u>\$16.71</u>	<u>Radiologic examination, ankle; 2 views</u>
<u>73610</u>	-	-	<u>\$23.75</u>	<u>\$6.47</u>	<u>\$17.27</u>	<u>Radiologic examination, ankle; complete, minimum of 3 views</u>

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<u>73615</u>	-	-	<u>\$80.68</u>	<u>\$21.31</u>	<u>\$59.37</u>	<u>Radiologic examination, ankle, arthrography, radiological supervision and interpretation</u>
<u>73620</u>	-	-	<u>\$19.84</u>	<u>\$5.66</u>	<u>\$14.19</u>	<u>Radiologic examination, foot; 2 views</u>
<u>73630</u>	-	-	<u>\$22.06</u>	<u>\$6.19</u>	<u>\$15.87</u>	<u>Radiologic examination, foot; complete, minimum of 3 views</u>
<u>73650</u>	-	-	<u>\$20.69</u>	<u>\$5.94</u>	<u>\$14.75</u>	<u>Radiologic examination; calcaneus, minimum of 2 views</u>
<u>73660</u>	-	-	<u>\$21.60</u>	<u>\$4.89</u>	<u>\$16.71</u>	<u>Radiologic examination; toe(s), minimum of 2 views</u>
<u>73700</u>	-	-	<u>\$124.92</u>	<u>\$36.92</u>	<u>\$87.99</u>	<u>Computed tomography, lower extremity; without contrast material</u>
<u>73701</u>	-	-	<u>\$174.63</u>	<u>\$42.86</u>	<u>\$131.77</u>	<u>Computed tomography, lower extremity; with contrast material(s)</u>
<u>73702</u>	-	-	<u>\$212.65</u>	<u>\$44.68</u>	<u>\$167.98</u>	<u>Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections</u>

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<u>73706</u>	-	-	<u>\$254.57</u>	<u>\$69.73</u>	<u>\$184.84</u>	<u>Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing</u>
<u>73718</u>	-	-	<u>\$263.44</u>	<u>\$49.85</u>	<u>\$213.59</u>	<u>Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)</u>
<u>73719</u>	-	-	<u>\$313.45</u>	<u>\$59.72</u>	<u>\$253.73</u>	<u>Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)</u>
<u>73720</u>	-	-	<u>\$389.51</u>	<u>\$79.37</u>	<u>\$310.13</u>	<u>Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences</u>

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<u>73721</u>	-	-	<u>\$182.06</u>	<u>\$50.13</u>	<u>\$131.93</u>	<u>Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material</u>
<u>73722</u>	-	-	<u>\$295.77</u>	<u>\$60.00</u>	<u>\$235.77</u>	<u>Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s)</u>
<u>73723</u>	-	-	<u>\$364.25</u>	<u>\$79.37</u>	<u>\$284.88</u>	<u>Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences</u>
<u>73725</u>	-	-	<u>\$310.87</u>	<u>\$66.40</u>	<u>\$244.46</u>	<u>Magnetic resonance angiography, lower extremity, with or without contrast material(s)</u>
<u>74000</u>	-	-	<u>\$17.83</u>	<u>\$6.73</u>	<u>\$11.10</u>	<u>Radiologic examination, abdomen; single anteroposterior view</u>

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<u>74010</u>	-	-	<u>\$26.97</u>	<u>\$8.57</u>	<u>\$18.40</u>	<u>Radiologic examination, abdomen; anteroposterior and additional oblique and cone views</u>
<u>74020</u>	-	-	<u>\$28.43</u>	<u>\$10.03</u>	<u>\$18.40</u>	<u>Radiologic examination, abdomen; complete, including decubitus and/or erect views</u>
<u>74022</u>	-	-	<u>\$33.92</u>	<u>\$11.87</u>	<u>\$22.05</u>	<u>Radiologic examination, abdomen; complete acute abdomen series, including supine, erect, and/or decubitus views, single view chest</u>
<u>74150</u>	-	-	<u>\$114.22</u>	<u>\$43.91</u>	<u>\$70.31</u>	<u>Computed tomography, abdomen; without contrast material</u>
<u>74160</u>	-	-	<u>\$178.01</u>	<u>\$47.08</u>	<u>\$130.93</u>	<u>Computed tomography, abdomen; with contrast material(s)</u>
<u>74170</u>	-	-	<u>\$202.55</u>	<u>\$51.69</u>	<u>\$150.86</u>	<u>Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections</u>

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<u>74174</u>	-	-	<u>\$299.46</u>	<u>\$80.53</u>	<u>\$218.93</u>	<u>Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing</u>
<u>74175</u>	-	-	<u>\$236.22</u>	<u>\$66.68</u>	<u>\$169.53</u>	<u>Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing</u>
<u>74176</u>	-	-	<u>\$152.63</u>	<u>\$64.35</u>	<u>\$88.28</u>	<u>Computed tomography, abdomen and pelvis; without contrast material</u>
<u>74177</u>	-	-	<u>\$239.71</u>	<u>\$67.24</u>	<u>\$172.47</u>	<u>Computed tomography, abdomen and pelvis; with contrast material(s)</u>

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<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
<u>74178</u>	-	-	<u>\$272.11</u>	<u>\$74.23</u>	<u>\$197.88</u>	<u>Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions</u>
<u>74181</u>	-	-	<u>\$258.12</u>	<u>\$53.79</u>	<u>\$204.33</u>	<u>Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)</u>
<u>74182</u>	-	-	<u>\$352.34</u>	<u>\$63.82</u>	<u>\$288.52</u>	<u>Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)</u>
<u>74183</u>	-	-	<u>\$392.20</u>	<u>\$83.47</u>	<u>\$308.73</u>	<u>Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences</u>
<u>74185</u>	-	-	<u>\$312.04</u>	<u>\$65.89</u>	<u>\$246.15</u>	<u>Magnetic resonance angiography, abdomen, with or without contrast material(s)</u>

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<u>74190</u>	-	-	-	<u>\$17.25</u>	-	<u>Peritoneogram (eg, after injection of air or contrast), radiological supervision and interpretation</u>
<u>74210</u>	-	-	<u>\$59.92</u>	<u>\$13.18</u>	<u>\$46.74</u>	<u>Radiologic examination; pharynx and/or cervical esophagus</u>
<u>74220</u>	-	-	<u>\$68.25</u>	<u>\$17.02</u>	<u>\$51.23</u>	<u>Radiologic examination; esophagus</u>
<u>74230</u>	-	-	<u>\$98.10</u>	<u>\$19.65</u>	<u>\$78.45</u>	<u>Swallowing function, with cineradiography/videoradiography</u>
<u>74235</u>	-	-	-	<u>\$43.74</u>	-	<u>Removal of foreign body(s), esophageal, with use of balloon catheter, radiological supervision and interpretation</u>
<u>74240</u>	-	-	<u>\$86.92</u>	<u>\$25.59</u>	<u>\$61.33</u>	<u>Radiologic examination, gastrointestinal tract, upper; with or without delayed images, without KUB</u>
<u>74241</u>	-	-	<u>\$90.57</u>	<u>\$25.59</u>	<u>\$64.98</u>	<u>Radiologic examination, gastrointestinal tract, upper; with or without delayed images, with KUB</u>

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<u>74245</u>	-	-	<u>\$132.28</u>	<u>\$33.62</u>	<u>\$98.66</u>	<u>Radiologic examination, gastrointestinal tract, upper; with small intestine, includes multiple serial images</u>
<u>74246</u>	-	-	<u>\$98.15</u>	<u>\$25.59</u>	<u>\$72.56</u>	<u>Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed images, without KUB</u>
<u>74247</u>	-	-	<u>\$104.32</u>	<u>\$25.59</u>	<u>\$78.73</u>	<u>Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed images, with KUB</u>

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<u>74249</u>	-	-	<u>\$142.10</u>	<u>\$33.62</u>	<u>\$108.48</u>	<u>Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with small intestine follow-through</u>
<u>74250</u>	-	-	<u>\$80.29</u>	<u>\$17.27</u>	<u>\$63.02</u>	<u>Radiologic examination, small intestine, includes multiple serial images;</u>
<u>74251</u>	-	-	<u>\$175.60</u>	<u>\$25.59</u>	<u>\$150.02</u>	<u>Radiologic examination, small intestine, includes multiple serial images; via enteroclysis tube</u>
<u>74260</u>	-	-	<u>\$168.62</u>	<u>\$18.60</u>	<u>\$150.02</u>	<u>Duodenography, hypotonic</u>
<u>74261</u>	-	-	<u>\$176.89</u>	<u>\$88.89</u>	<u>\$87.99</u>	<u>Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material</u>

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<u>74262</u>	-	-	<u>\$277.11</u>	<u>\$92.30</u>	<u>\$184.81</u>	<u>Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed</u>
<u>74263</u>	-	-	<u>\$588.22</u>	<u>\$83.89</u>	<u>\$504.33</u>	<u>Computed tomographic (CT) colonography, screening, including image postprocessing</u>
<u>74270</u>	-	-	<u>\$104.32</u>	<u>\$25.59</u>	<u>\$78.73</u>	<u>Radiologic examination, colon; contrast (eg, barium) enema, with or without KUB</u>
<u>74280</u>	-	-	<u>\$164.51</u>	<u>\$36.67</u>	<u>\$127.85</u>	<u>Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon</u>
<u>74283</u>	-	-	<u>\$155.62</u>	<u>\$75.20</u>	<u>\$80.42</u>	<u>Therapeutic enema, contrast or air, for reduction of intussusception or other intraluminal obstruction (eg, meconium ileus)</u>
<u>74290</u>	-	-	<u>\$54.12</u>	<u>\$11.87</u>	<u>\$42.25</u>	<u>Cholecystography, oral contrast</u>

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<u>74300</u>	-	-	-	<u>\$13.33</u>	-	<u>Cholangiography and/or pancreatography; intraoperative, radiological supervision and interpretation</u>
<u>74301</u>	-	-	-	<u>\$7.65</u>	-	<u>Cholangiography and/or pancreatography; additional set intraoperative, radiological supervision and interpretation (List separately in addition to code for primary procedure)</u>
<u>74328</u>	-	-	-	<u>\$26.12</u>	-	<u>Endoscopic catheterization of the biliary ductal system, radiological supervision and interpretation</u>
<u>74329</u>	-	-	-	<u>\$26.41</u>	-	<u>Endoscopic catheterization of the pancreatic ductal system, radiological supervision and interpretation</u>
<u>74330</u>	-	-	-	<u>\$33.65</u>	-	<u>Combined endoscopic catheterization of the biliary and pancreatic ductal systems, radiological supervision and interpretation</u>

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<u>74340</u>	-	-	-	<u>\$19.91</u>	-	<u>Introduction of long gastrointestinal tube (eg, Miller-Abbott), including multiple fluoroscopies and images, radiological supervision and interpretation</u>
<u>74355</u>	-	-	-	<u>\$28.13</u>	-	<u>Percutaneous placement of enteroclysis tube, radiological supervision and interpretation</u>
<u>74360</u>	-	-	-	<u>\$20.50</u>	-	<u>Intraluminal dilation of strictures and/or obstructions (eg, esophagus), radiological supervision and interpretation</u>
<u>74363</u>	-	-	-	<u>\$31.45</u>	-	<u>Percutaneous transhepatic dilation of biliary duct stricture with or without placement of stent, radiological supervision and interpretation</u>
<u>74400</u>	-	-	<u>\$85.01</u>	<u>\$18.07</u>	<u>\$66.95</u>	<u>Urography (pyelography), intravenous, with or without KUB, with or without tomography</u>

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<u>74410</u>	-	-	<u>\$83.61</u>	<u>\$17.79</u>	<u>\$65.82</u>	<u>Urography, infusion, drip technique and/or bolus technique;</u>
<u>74415</u>	-	-	<u>\$106.06</u>	<u>\$18.07</u>	<u>\$87.99</u>	<u>Urography, infusion, drip technique and/or bolus technique; with nephrotomography</u>
<u>74420</u>	-	-	-	<u>\$13.02</u>	-	<u>Urography, retrograde, with or without KUB</u>
<u>74425</u>	-	-	-	<u>\$12.90</u>	-	<u>Urography, antegrade (pyelostogram, nephrostogram, loopogram), radiological supervision and interpretation</u>
<u>74430</u>	-	-	<u>\$28.59</u>	<u>\$11.87</u>	<u>\$16.71</u>	<u>Cystography, minimum of 3 views, radiological supervision and interpretation</u>
<u>74440</u>	-	-	<u>\$62.80</u>	<u>\$13.53</u>	<u>\$49.27</u>	<u>Vasography, vesiculography, or epididymography, radiological supervision and interpretation</u>
<u>74445</u>	-	-	-	<u>\$40.04</u>	-	<u>Corpora cavernosography, radiological supervision and interpretation</u>

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<u>74450</u>	-	-	-	<u>\$12.13</u>	-	<u>Urethrocystography, retrograde, radiological supervision and interpretation</u>
<u>74455</u>	-	-	<u>\$63.08</u>	<u>\$12.13</u>	<u>\$50.95</u>	<u>Urethrocystography, voiding, radiological supervision and interpretation</u>
<u>74470</u>	-	-	-	<u>\$19.35</u>	-	<u>Radiologic examination, renal cyst study, translumbar, contrast visualization, radiological supervision and interpretation</u>
<u>74485</u>	-	-	<u>\$70.98</u>	<u>\$19.19</u>	<u>\$51.79</u>	<u>Dilation of nephrostomy, ureters, or urethra, radiological supervision and interpretation</u>
<u>74710</u>	-	-	<u>\$27.70</u>	<u>\$12.67</u>	<u>\$15.03</u>	<u>Pelvimetry, with or without placental localization</u>
<u>74712</u>	-	-	<u>\$324.49</u>	<u>\$110.90</u>	<u>\$213.59</u>	<u>Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation</u>

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<u>74713</u>	-	-	<u>\$177.23</u>	<u>\$65.94</u>	<u>\$111.29</u>	<u>Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; each additional gestation (List separately in addition to code for primary procedure)</u>
<u>74740</u>	-	-	<u>\$57.62</u>	<u>\$13.97</u>	<u>\$43.65</u>	<u>Hysterosalpingography, radiological supervision and interpretation</u>
<u>74742</u>	-	-	-	<u>\$21.57</u>	-	<u>Transcervical catheterization of fallopian tube, radiological supervision and interpretation</u>
<u>74775</u>	-	-	-	<u>\$22.95</u>	-	<u>Perineogram (eg, vaginogram, for sex determination or extent of anomalies)</u>
<u>75557</u>	-	-	<u>\$243.90</u>	<u>\$85.18</u>	<u>\$158.72</u>	<u>Cardiac magnetic resonance imaging for morphology and function without contrast material;</u>
<u>75559</u>	-	-	<u>\$335.31</u>	<u>\$105.60</u>	<u>\$229.72</u>	<u>Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging</u>

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<u>75561</u>	-	-	<u>\$325.82</u>	<u>\$94.27</u>	<u>\$231.56</u>	<u>Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;</u>
<u>75563</u>	-	-	<u>\$386.86</u>	<u>\$108.16</u>	<u>\$278.70</u>	<u>Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging</u>
<u>75565</u>	-	-	<u>\$42.48</u>	<u>\$9.08</u>	<u>\$33.40</u>	<u>Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)</u>
<u>75571</u>	-	-	<u>\$31.19</u>	<u>\$21.21</u>	<u>\$9.98</u>	<u>Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium</u>

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<u>75572</u>	-	-	<u>\$218.55</u>	<u>\$63.89</u>	<u>\$154.66</u>	<u>Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)</u>
<u>75573</u>	-	-	<u>\$277.83</u>	<u>\$92.86</u>	<u>\$184.97</u>	<u>Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of LV cardiac function, RV structure and function and evaluation of venous structures, if performed)</u>

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<u>75574</u>	-	-	<u>\$271.87</u>	<u>\$87.18</u>	<u>\$184.69</u>	<u>Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)</u>
<u>75600</u>	-	-	<u>\$154.36</u>	<u>\$17.53</u>	<u>\$136.83</u>	<u>Aortography, thoracic, without serialography, radiological supervision and interpretation</u>
<u>75605</u>	-	-	<u>\$105.83</u>	<u>\$40.57</u>	<u>\$65.26</u>	<u>Aortography, thoracic, by serialography, radiological supervision and interpretation</u>
<u>75625</u>	-	-	<u>\$105.18</u>	<u>\$40.19</u>	<u>\$64.98</u>	<u>Aortography, abdominal, by serialography, radiological supervision and interpretation</u>

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<u>75630</u>	-	-	<u>\$128.77</u>	<u>\$63.79</u>	<u>\$64.98</u>	<u>Aortography, abdominal plus bilateral iliofemoral lower extremity, catheter, by serialography, radiological supervision and interpretation</u>
<u>75635</u>	-	-	<u>\$272.61</u>	<u>\$87.77</u>	<u>\$184.84</u>	<u>Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing</u>
<u>75658</u>	-	-	<u>\$127.40</u>	<u>\$45.98</u>	<u>\$81.41</u>	<u>Angiography, brachial, retrograde, radiological supervision and interpretation</u>
<u>75705</u>	-	-	<u>\$184.40</u>	<u>\$82.50</u>	<u>\$101.90</u>	<u>Angiography, spinal, selective, radiological supervision and interpretation</u>

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<u>75710</u>	-	-	<u>\$125.26</u>	<u>\$40.76</u>	<u>\$84.50</u>	<u>Angiography, extremity, unilateral, radiological supervision and interpretation</u>
<u>75716</u>	-	-	<u>\$143.67</u>	<u>\$46.67</u>	<u>\$97.01</u>	<u>Angiography, extremity, bilateral, radiological supervision and interpretation</u>
<u>75726</u>	-	-	<u>\$114.78</u>	<u>\$40.54</u>	<u>\$74.24</u>	<u>Angiography, visceral, selective or supraseductive (with or without flush aortogram), radiological supervision and interpretation</u>
<u>75731</u>	-	-	<u>\$132.87</u>	<u>\$42.19</u>	<u>\$90.68</u>	<u>Angiography, adrenal, unilateral, selective, radiological supervision and interpretation</u>
<u>75733</u>	-	-	<u>\$141.71</u>	<u>\$46.95</u>	<u>\$94.76</u>	<u>Angiography, adrenal, bilateral, selective, radiological supervision and interpretation</u>
<u>75736</u>	-	-	<u>\$123.39</u>	<u>\$40.29</u>	<u>\$83.10</u>	<u>Angiography, pelvic, selective or supraseductive, radiological supervision and interpretation</u>

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<u>75741</u>	-	-	<u>\$115.77</u>	<u>\$46.58</u>	<u>\$69.19</u>	<u>Angiography, pulmonary, unilateral, selective, radiological supervision and interpretation</u>
<u>75743</u>	-	-	<u>\$129.13</u>	<u>\$59.09</u>	<u>\$70.03</u>	<u>Angiography, pulmonary, bilateral, selective, radiological supervision and interpretation</u>
<u>75746</u>	-	-	<u>\$116.75</u>	<u>\$41.23</u>	<u>\$75.52</u>	<u>Angiography, pulmonary, by nonselective catheter or venous injection, radiological supervision and interpretation</u>
<u>75756</u>	-	-	<u>\$127.94</u>	<u>\$40.35</u>	<u>\$87.59</u>	<u>Angiography, internal mammary, radiological supervision and interpretation</u>
<u>75774</u>	-	-	<u>\$68.21</u>	<u>\$12.77</u>	<u>\$55.44</u>	<u>Angiography, selective, each additional vessel studied after basic examination, radiological supervision and interpretation (List separately in addition to code for primary procedure)</u>

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<u>75791</u>	-	-	<u>\$250.29</u>	<u>\$61.83</u>	<u>\$188.46</u>	<u>Angiography, arteriovenous shunt (eg, dialysis patient fistula/graft), complete evaluation of dialysis access, including fluoroscopy, image documentation and report (includes injections of contrast and all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava), radiological supervision and interpretation</u>
<u>75801</u>	-	-	-	<u>\$31.52</u>	-	<u>Lymphangiography, extremity only, unilateral, radiological supervision and interpretation</u>
<u>75803</u>	-	-	-	<u>\$43.24</u>	-	<u>Lymphangiography, extremity only, bilateral, radiological supervision and interpretation</u>

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<u>75805</u>	-	-	-	<u>\$29.94</u>	-	<u>Lymphangiography, pelvic/abdominal, unilateral, radiological supervision and interpretation</u>
<u>75807</u>	-	-	-	<u>\$43.40</u>	-	<u>Lymphangiography, pelvic/abdominal, bilateral, radiological supervision and interpretation</u>
<u>75809</u>	-	-	<u>\$76.92</u>	<u>\$17.55</u>	<u>\$59.37</u>	<u>Shuntogram for investigation of previously placed indwelling nonvascular shunt (eg, LeVeen shunt, ventriculoperitoneal shunt, indwelling infusion pump), radiological supervision and interpretation</u>
<u>75810</u>	-	-	-	<u>\$42.35</u>	-	<u>Splenoportography, radiological supervision and interpretation</u>
<u>75820</u>	-	-	<u>\$88.89</u>	<u>\$25.31</u>	<u>\$63.58</u>	<u>Venography, extremity, unilateral, radiological supervision and interpretation</u>
<u>75822</u>	-	-	<u>\$105.31</u>	<u>\$38.09</u>	<u>\$67.23</u>	<u>Venography, extremity, bilateral, radiological supervision and interpretation</u>

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<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
<u>75825</u>	-	-	<u>\$103.77</u>	<u>\$40.76</u>	<u>\$63.02</u>	<u>Venography, caval, inferior, with serialography, radiological supervision and interpretation</u>
<u>75827</u>	-	-	<u>\$105.61</u>	<u>\$40.63</u>	<u>\$64.98</u>	<u>Venography, caval, superior, with serialography, radiological supervision and interpretation</u>
<u>75831</u>	-	-	<u>\$107.80</u>	<u>\$40.29</u>	<u>\$67.51</u>	<u>Venography, renal, unilateral, selective, radiological supervision and interpretation</u>
<u>75833</u>	-	-	<u>\$124.61</u>	<u>\$51.90</u>	<u>\$72.72</u>	<u>Venography, renal, bilateral, selective, radiological supervision and interpretation</u>
<u>75840</u>	-	-	<u>\$114.19</u>	<u>\$42.19</u>	<u>\$72.00</u>	<u>Venography, adrenal, unilateral, selective, radiological supervision and interpretation</u>
<u>75842</u>	-	-	<u>\$138.21</u>	<u>\$54.83</u>	<u>\$83.38</u>	<u>Venography, adrenal, bilateral, selective, radiological supervision and interpretation</u>

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<u>75860</u>	-	-	<u>\$109.61</u>	<u>\$40.69</u>	<u>\$68.91</u>	<u>Venography, venous sinus (eg, petrosal and inferior sagittal) or jugular, catheter, radiological supervision and interpretation</u>
<u>75870</u>	-	-	<u>\$113.63</u>	<u>\$42.19</u>	<u>\$71.44</u>	<u>Venography, superior sagittal sinus, radiological supervision and interpretation</u>
<u>75872</u>	-	-	<u>\$107.49</u>	<u>\$38.86</u>	<u>\$68.63</u>	<u>Venography, epidural, radiological supervision and interpretation</u>
<u>75880</u>	-	-	<u>\$110.75</u>	<u>\$26.69</u>	<u>\$84.07</u>	<u>Venography, orbital, radiological supervision and interpretation</u>
<u>75885</u>	-	-	<u>\$120.94</u>	<u>\$50.90</u>	<u>\$70.03</u>	<u>Percutaneous transhepatic portography with hemodynamic evaluation, radiological supervision and interpretation</u>
<u>75887</u>	-	-	<u>\$121.90</u>	<u>\$51.31</u>	<u>\$70.60</u>	<u>Percutaneous transhepatic portography without hemodynamic evaluation, radiological supervision and interpretation</u>

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<u>75889</u>	-	-	<u>\$110.70</u>	<u>\$40.38</u>	<u>\$70.31</u>	<u>Hepatic venography, wedged or free, with hemodynamic evaluation, radiological supervision and interpretation</u>
<u>75891</u>	-	-	<u>\$111.54</u>	<u>\$40.95</u>	<u>\$70.60</u>	<u>Hepatic venography, wedged or free, without hemodynamic evaluation, radiological supervision and interpretation</u>
<u>75893</u>	-	-	<u>\$92.19</u>	<u>\$19.91</u>	<u>\$72.28</u>	<u>Venous sampling through catheter, with or without angiography (eg, for parathyroid hormone, renin), radiological supervision and interpretation</u>
<u>75894</u>	-	-	-	<u>\$48.07</u>	-	<u>Transcatheter therapy, embolization, any method, radiological supervision and interpretation</u>

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<u>75898</u>	-	-	-	<u>\$61.05</u>	-	<u>Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion, other than for thrombolysis</u>
<u>75901</u>	-	-	<u>\$138.61</u>	<u>\$17.50</u>	<u>\$121.11</u>	<u>Mechanical removal of pericatheter obstructive material (eg, fibrin sheath) from central venous device via separate venous access, radiologic supervision and interpretation</u>
<u>75902</u>	-	-	<u>\$55.51</u>	<u>\$13.82</u>	<u>\$41.69</u>	<u>Mechanical removal of intraluminal (intracatheter) obstructive material from central venous device through device lumen, radiologic supervision and interpretation</u>

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<u>75952</u>	-	-	-	<u>\$158.94</u>	-	<u>Endovascular repair of infrarenal abdominal aortic aneurysm or dissection, radiological supervision and interpretation</u>
<u>75953</u>	-	-	-	<u>\$48.10</u>	-	<u>Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal aortic or iliac artery aneurysm, pseudoaneurysm, or dissection, radiological supervision and interpretation</u>
<u>75954</u>	-	-	-	<u>\$80.14</u>	-	<u>Endovascular repair of iliac artery aneurysm, pseudoaneurysm, arteriovenous malformation, or trauma, using ilio-iliac tube endoprosthesis, radiological supervision and interpretation</u>

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<u>75956</u>	-	-	-	<u>\$247.51</u>	-	<u>Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin, radiological supervision and interpretation</u>

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<u>75957</u>	-	-	-	<u>\$212.40</u>	-	<u>Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin, radiological supervision and interpretation</u>
<u>75958</u>	-	-	-	<u>\$141.12</u>	-	<u>Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption), radiological supervision and interpretation</u>

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<u>75959</u>	-	-	-	<u>\$123.15</u>	-	<u>Placement of distal extension prosthesis(s) (delayed) after endovascular repair of descending thoracic aorta, as needed, to level of celiac origin, radiological supervision and interpretation</u>
<u>75962</u>	-	-	<u>\$109.08</u>	<u>\$19.25</u>	<u>\$89.83</u>	<u>Transluminal balloon angioplasty, peripheral artery other than renal, or other visceral artery, iliac or lower extremity, radiological supervision and interpretation</u>
<u>75964</u>	-	-	<u>\$68.52</u>	<u>\$12.80</u>	<u>\$55.72</u>	<u>Transluminal balloon angioplasty, each additional peripheral artery other than renal or other visceral artery, iliac or lower extremity, radiological supervision and interpretation (List separately in addition to code for primary procedure)</u>

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<u>75966</u>	-	-	<u>\$130.73</u>	<u>\$46.51</u>	<u>\$84.22</u>	<u>Transluminal balloon angioplasty, renal or other visceral artery, radiological supervision and interpretation</u>
<u>75968</u>	-	-	<u>\$67.93</u>	<u>\$13.05</u>	<u>\$54.88</u>	<u>Transluminal balloon angioplasty, each additional visceral artery, radiological supervision and interpretation (List separately in addition to code for primary procedure)</u>
<u>75970</u>	-	-	-	<u>\$29.61</u>	-	<u>Transcatheter biopsy, radiological supervision and interpretation</u>
<u>75978</u>	-	-	<u>\$107.68</u>	<u>\$19.25</u>	<u>\$88.43</u>	<u>Transluminal balloon angioplasty, venous (eg, subclavian stenosis), radiological supervision and interpretation</u>
<u>75984</u>	-	-	<u>\$81.80</u>	<u>\$25.79</u>	<u>\$56.00</u>	<u>Change of percutaneous tube or drainage catheter with contrast monitoring (eg, genitourinary system, abscess), radiological supervision and interpretation</u>

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<u>75989</u>	-	-	<u>\$91.77</u>	<u>\$43.07</u>	<u>\$48.71</u>	<u>Radiological guidance (ie, fluoroscopy, ultrasound, or computed tomography), for percutaneous drainage (eg, abscess, specimen collection), with placement of catheter, radiological supervision and interpretation</u>
<u>76000</u>	-	-	<u>\$36.53</u>	<u>\$6.35</u>	<u>\$30.18</u>	<u>Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time, other than 71023 or 71034 (eg, cardiac fluoroscopy)</u>

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<u>76001</u>	-	-	-	<u>\$25.98</u>	-	<u>Fluoroscopy, physician or other qualified health care professional time more than 1 hour, assisting a nonradiologic physician or other qualified health care professional (eg, nephrostolithotomy, ERCP, bronchoscopy, transbronchial biopsy)</u>
<u>76010</u>	-	-	<u>\$19.79</u>	<u>\$6.73</u>	<u>\$13.06</u>	<u>Radiologic examination from nose to rectum for foreign body, single view, child</u>
<u>76080</u>	-	-	<u>\$41.95</u>	<u>\$19.35</u>	<u>\$22.61</u>	<u>Radiologic examination, abscess, fistula or sinus tract study, radiological supervision and interpretation</u>
<u>76098</u>	-	-	<u>\$12.55</u>	<u>\$5.94</u>	<u>\$6.61</u>	<u>Radiological examination, surgical specimen</u>
<u>76100</u>	-	-	<u>\$70.79</u>	<u>\$23.21</u>	<u>\$47.58</u>	<u>Radiologic examination, single plane body section (eg, tomography), other than with urography</u>

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<u>76101</u>	-	-	<u>\$101.91</u>	<u>\$25.14</u>	<u>\$76.77</u>	<u>Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; unilateral</u>
<u>76102</u>	-	-	<u>\$135.34</u>	<u>\$25.30</u>	<u>\$110.04</u>	<u>Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; bilateral</u>
<u>76120</u>	-	-	<u>\$64.64</u>	<u>\$14.25</u>	<u>\$50.39</u>	<u>Cineradiography/videoradiography, except where specifically included</u>
<u>76125</u>	-	-	-	<u>\$10.47</u>	-	<u>Cineradiography/videoradiography to complement routine examination (List separately in addition to code for primary procedure)</u>
<u>76140</u>	-	-	<u>I.C.</u>	-	-	<u>Consultation on X-ray examination made elsewhere, written report</u>

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<u>76376</u>	-	-	<u>\$17.50</u>	<u>\$7.24</u>	<u>\$10.26</u>	<u>3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; not requiring image postprocessing on an independent workstation</u>
<u>76377</u>	-	-	<u>\$53.72</u>	<u>\$29.15</u>	<u>\$24.57</u>	<u>3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; requiring image postprocessing on an independent workstation</u>
<u>76380</u>	-	-	<u>\$83.71</u>	<u>\$36.13</u>	<u>\$47.58</u>	<u>Computed tomography, limited or localized follow-up study</u>

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<u>76390</u>	-	-	<u>\$346.45</u>	<u>\$51.63</u>	<u>\$294.82</u>	<u>Magnetic resonance spectroscopy</u>
<u>76496</u>	-	-	<u>I.C.</u>	-	-	<u>Unlisted fluoroscopic procedure (eg, diagnostic, interventional)</u>
<u>76497</u>	-	-	<u>I.C.</u>	-	-	<u>Unlisted computed tomography procedure (eg, diagnostic, interventional)</u>
<u>76498</u>	-	-	<u>I.C.</u>	-	-	<u>Unlisted magnetic resonance procedure (eg, diagnostic, interventional)</u>
<u>76499</u>	-	-	<u>I.C.</u>	-	-	<u>Unlisted diagnostic radiographic procedure</u>
<u>76506</u>	-	-	<u>\$92.00</u>	<u>\$23.65</u>	<u>\$68.35</u>	<u>Echoencephalography, real time with image documentation (gray scale) (for determination of ventricular size, delineation of cerebral contents, and detection of fluid masses or other intracranial abnormalities), including A-mode encephalography as secondary component where indicated</u>

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<u>76510</u>	-	-	<u>\$130.81</u>	<u>\$66.66</u>	<u>\$64.14</u>	<u>Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter</u>
<u>76511</u>	-	-	<u>\$77.70</u>	<u>\$39.66</u>	<u>\$38.04</u>	<u>Ophthalmic ultrasound, diagnostic; quantitative A-scan only</u>
<u>76512</u>	-	-	<u>\$70.97</u>	<u>\$39.66</u>	<u>\$31.31</u>	<u>Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)</u>
<u>76513</u>	-	-	<u>\$73.62</u>	<u>\$26.60</u>	<u>\$47.02</u>	<u>Ophthalmic ultrasound, diagnostic; anterior segment ultrasound, immersion (water bath) B-scan or high resolution biomicroscopy</u>
<u>76514</u>	-	-	<u>\$11.40</u>	<u>\$7.32</u>	<u>\$4.08</u>	<u>Ophthalmic ultrasound, diagnostic; corneal pachymetry, unilateral or bilateral (determination of corneal thickness)</u>

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<u>76516</u>	-	-	<u>\$60.73</u>	<u>\$23.25</u>	<u>\$37.48</u>	<u>Ophthalmic biometry by ultrasound echography, A-scan;</u>
<u>76519</u>	-	-	<u>\$64.93</u>	<u>\$23.25</u>	<u>\$41.69</u>	<u>Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation</u>
<u>76529</u>	-	-	<u>\$61.21</u>	<u>\$24.29</u>	<u>\$36.92</u>	<u>Ophthalmic ultrasonic foreign body localization</u>
<u>76536</u>	-	-	<u>\$90.45</u>	<u>\$20.70</u>	<u>\$69.75</u>	<u>Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation</u>
<u>76604</u>	-	-	<u>\$68.03</u>	<u>\$19.88</u>	<u>\$48.14</u>	<u>Ultrasound, chest (includes mediastinum), real time with image documentation</u>
<u>76641</u>	-	-	<u>\$82.90</u>	<u>\$26.89</u>	<u>\$56.00</u>	<u>Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete</u>

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<u>76642</u>	-	-	<u>\$67.86</u>	<u>\$25.05</u>	<u>\$42.81</u>	<u>Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited</u>
<u>76700</u>	-	-	<u>\$94.77</u>	<u>\$29.78</u>	<u>\$64.98</u>	<u>Ultrasound, abdominal, real time with image documentation; complete</u>
<u>76705</u>	-	-	<u>\$70.74</u>	<u>\$21.75</u>	<u>\$48.99</u>	<u>Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up)</u>
<u>76770</u>	-	-	<u>\$87.64</u>	<u>\$27.15</u>	<u>\$60.49</u>	<u>Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; complete</u>
<u>76775</u>	-	-	<u>\$44.10</u>	<u>\$21.21</u>	<u>\$22.89</u>	<u>Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; limited</u>
<u>76776</u>	-	-	<u>\$122.11</u>	<u>\$27.94</u>	<u>\$94.17</u>	<u>Ultrasound, transplanted kidney, real time and duplex Doppler with image documentation</u>

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<u>76800</u>	-	-	<u>\$107.35</u>	<u>\$43.49</u>	<u>\$63.86</u>	<u>Ultrasound, spinal canal and contents</u>
<u>76801</u>	-	-	<u>\$94.63</u>	<u>\$36.95</u>	<u>\$57.69</u>	<u>Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; single or first gestation</u>
<u>76802</u>	-	-	<u>\$48.85</u>	<u>\$31.17</u>	<u>\$17.68</u>	<u>Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)</u>

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<u>76805</u>	-	-	<u>\$109.66</u>	<u>\$37.10</u>	<u>\$72.56</u>	<u>Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; single or first gestation</u>
<u>76810</u>	-	-	<u>\$71.09</u>	<u>\$36.85</u>	<u>\$34.24</u>	<u>Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)</u>

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<u>76811</u>	-	-	<u>\$138.17</u>	<u>\$71.91</u>	<u>\$66.26</u>	<u>Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; single or first gestation</u>
<u>76812</u>	-	-	<u>\$158.36</u>	<u>\$67.56</u>	<u>\$90.80</u>	<u>Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)</u>

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<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
<u>76813</u>	-	-	<u>\$92.26</u>	<u>\$44.68</u>	<u>\$47.58</u>	<u>Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; single or first gestation</u>
<u>76814</u>	-	-	<u>\$61.14</u>	<u>\$37.70</u>	<u>\$23.45</u>	<u>Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; each additional gestation (List separately in addition to code for primary procedure)</u>

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<u>76815</u>	-	-	<u>\$64.85</u>	<u>\$24.00</u>	<u>\$40.85</u>	<u>Ultrasound, pregnant uterus, real time with image documentation, limited (eg, fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume), 1 or more fetuses</u>
<u>76816</u>	-	-	<u>\$88.68</u>	<u>\$32.12</u>	<u>\$56.56</u>	<u>Ultrasound, pregnant uterus, real time with image documentation, follow-up (eg, re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a previous scan), transabdominal approach, per fetus</u>
<u>76817</u>	-	-	<u>\$74.86</u>	<u>\$28.12</u>	<u>\$46.74</u>	<u>Ultrasound, pregnant uterus, real time with image documentation, transvaginal</u>

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<u>76818</u>	-	-	<u>\$93.14</u>	<u>\$39.79</u>	<u>\$53.35</u>	<u>Fetal biophysical profile; with non-stress testing</u>
<u>76819</u>	-	-	<u>\$67.95</u>	<u>\$29.07</u>	<u>\$38.88</u>	<u>Fetal biophysical profile; without non-stress testing</u>
<u>76820</u>	-	-	<u>\$35.75</u>	<u>\$18.76</u>	<u>\$16.99</u>	<u>Doppler velocimetry, fetal; umbilical artery</u>
<u>76821</u>	-	-	<u>\$71.49</u>	<u>\$26.44</u>	<u>\$45.06</u>	<u>Doppler velocimetry, fetal; middle cerebral artery</u>
<u>76825</u>	-	-	<u>\$214.42</u>	<u>\$61.72</u>	<u>\$152.70</u>	<u>Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording;</u>
<u>76826</u>	-	-	<u>\$127.27</u>	<u>\$30.58</u>	<u>\$96.69</u>	<u>Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording; follow-up or repeat study</u>
<u>76827</u>	-	-	<u>\$58.41</u>	<u>\$21.21</u>	<u>\$37.20</u>	<u>Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; complete</u>

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<u>76828</u>	-	-	<u>\$40.66</u>	<u>\$20.86</u>	<u>\$19.80</u>	<u>Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; follow-up or repeat study</u>
<u>76830</u>	-	-	<u>\$94.78</u>	<u>\$25.59</u>	<u>\$69.19</u>	<u>Ultrasound, transvaginal</u>
<u>76831</u>	-	-	<u>\$91.77</u>	<u>\$27.07</u>	<u>\$64.70</u>	<u>Saline infusion sonohysterography (SIS), including color flow Doppler, when performed</u>
<u>76856</u>	-	-	<u>\$84.96</u>	<u>\$25.31</u>	<u>\$59.65</u>	<u>Ultrasound, pelvic (nonobstetric), real time with image documentation; complete</u>
<u>76857</u>	-	-	<u>\$36.16</u>	<u>\$18.32</u>	<u>\$17.84</u>	<u>Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)</u>
<u>76870</u>	-	-	<u>\$51.40</u>	<u>\$23.47</u>	<u>\$27.94</u>	<u>Ultrasound, scrotum and contents</u>
<u>76872</u>	-	-	<u>\$72.58</u>	<u>\$24.72</u>	<u>\$47.86</u>	<u>Ultrasound, transrectal;</u>
<u>76873</u>	-	-	<u>\$128.62</u>	<u>\$57.46</u>	<u>\$71.16</u>	<u>Ultrasound, transrectal; prostate volume study for brachytherapy treatment planning (separate procedure)</u>

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<u>76881</u>	-	-	<u>\$88.88</u>	<u>\$23.05</u>	<u>\$65.82</u>	<u>Ultrasound, extremity, nonvascular, real-time with image documentation; complete</u>
<u>76882</u>	-	-	<u>\$26.92</u>	<u>\$18.07</u>	<u>\$8.86</u>	<u>Ultrasound, extremity, nonvascular, real-time with image documentation; limited, anatomic specific</u>
<u>76885</u>	-	-	<u>\$99.43</u>	<u>\$27.43</u>	<u>\$72.00</u>	<u>Ultrasound, infant hips, real time with imaging documentation; dynamic (requiring physician or other qualified health care professional manipulation)</u>
<u>76886</u>	-	-	<u>\$82.17</u>	<u>\$22.52</u>	<u>\$59.65</u>	<u>Ultrasound, infant hips, real time with imaging documentation; limited, static (not requiring physician or other qualified health care professional manipulation)</u>
<u>76930</u>	-	-	-	<u>\$24.08</u>	-	<u>Ultrasonic guidance for pericardiocentesis, imaging supervision and interpretation</u>

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<u>76932</u>	-	-	-	<u>\$24.08</u>	-	<u>Ultrasonic guidance for endomyocardial biopsy, imaging supervision and interpretation</u>
<u>76936</u>	-	-	<u>\$207.98</u>	<u>\$70.72</u>	<u>\$137.26</u>	<u>Ultrasound guided compression repair of arterial pseudoaneurysm or arteriovenous fistulae (includes diagnostic ultrasound evaluation, compression of lesion and imaging)</u>
<u>76937</u>	-	-	<u>\$23.99</u>	<u>\$10.52</u>	<u>\$13.47</u>	<u>Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (List separately in addition to code for primary procedure)</u>

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<u>76940</u>	-	-	-	<u>\$74.47</u>	-	<u>Ultrasound guidance for, and monitoring of, parenchymal tissue ablation</u>
<u>76941</u>	-	-	-	<u>\$49.81</u>	-	<u>Ultrasonic guidance for intrauterine fetal transfusion or cordocentesis, imaging supervision and interpretation</u>
<u>76942</u>	-	-	<u>\$46.00</u>	<u>\$24.51</u>	<u>\$21.48</u>	<u>Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation</u>
<u>76945</u>	-	-	-	<u>\$25.39</u>	-	<u>Ultrasonic guidance for chorionic villus sampling, imaging supervision and interpretation</u>
<u>76946</u>	-	-	<u>\$24.67</u>	<u>\$14.41</u>	<u>\$10.26</u>	<u>Ultrasonic guidance for amniocentesis, imaging supervision and interpretation</u>
<u>76948</u>	-	-	<u>\$45.46</u>	<u>\$14.44</u>	<u>\$31.03</u>	<u>Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation</u>
<u>76965</u>	-	-	<u>\$67.65</u>	<u>\$48.97</u>	<u>\$18.68</u>	<u>Ultrasonic guidance for interstitial radioelement application</u>

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<u>76970</u>	-	-	<u>\$72.45</u>	<u>\$14.20</u>	<u>\$58.25</u>	<u>Ultrasound study follow-up (specify)</u>
<u>76975</u>	-	-	-	<u>\$31.09</u>	-	<u>Gastrointestinal endoscopic ultrasound, supervision and interpretation</u>
<u>76977</u>	-	-	<u>\$5.24</u>	<u>\$2.00</u>	<u>\$3.24</u>	<u>Ultrasound bone density measurement and interpretation, peripheral site(s), any method</u>
<u>76998</u>	-	-	-	<u>\$45.09</u>	-	<u>Ultrasonic guidance, intraoperative</u>
<u>76999</u>	-	-	<u>I.C.</u>	-	-	<u>Unlisted ultrasound procedure (eg, diagnostic, interventional)</u>

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<u>77001</u>	-	-	<u>\$54.26</u>	<u>\$13.85</u>	<u>\$40.41</u>	<u>Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and catheter manipulation, any necessary contrast injections through access site or catheter with related venography radiologic supervision and interpretation, and radiographic documentation of final catheter position) (List separately in addition to code for primary procedure)</u>
<u>77002</u>	-	-	<u>\$71.57</u>	<u>\$20.62</u>	<u>\$50.95</u>	<u>Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device)</u>

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<u>77003</u>	-	-	<u>\$65.66</u>	<u>\$22.29</u>	<u>\$43.37</u>	<u>Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid)</u>
<u>77011</u>	-	-	<u>\$172.27</u>	<u>\$46.11</u>	<u>\$126.16</u>	<u>Computed tomography guidance for stereotactic localization</u>
<u>77012</u>	-	-	<u>\$94.93</u>	<u>\$42.30</u>	<u>\$52.63</u>	<u>Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation</u>
<u>77013</u>	-	-	-	<u>\$143.36</u>	-	<u>Computed tomography guidance for, and monitoring of, parenchymal tissue ablation</u>

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<u>77014</u>	-	-	<u>\$90.46</u>	<u>\$32.21</u>	<u>\$58.25</u>	<u>Computed tomography guidance for placement of radiation therapy fields</u>
<u>77021</u>	-	-	<u>\$313.59</u>	<u>\$55.25</u>	<u>\$258.34</u>	<u>Magnetic resonance guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation</u>
<u>77022</u>	-	-	-	<u>\$155.84</u>	-	<u>Magnetic resonance guidance for, and monitoring of, parenchymal tissue ablation</u>
<u>77051</u>	-	-	<u>\$6.31</u>	<u>\$2.10</u>	<u>\$4.21</u>	<u>Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further review for interpretation, with or without digitization of film radiographic images; diagnostic mammography (List separately in addition to code for primary procedure)</u>

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<u>77052</u>	-	-	<u>\$6.31</u>	<u>\$2.10</u>	<u>\$4.21</u>	<u>Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further review for interpretation, with or without digitization of film radiographic images; screening mammography (List separately in addition to code for primary procedure)</u>
<u>77053</u>	-	-	<u>\$44.76</u>	<u>\$13.18</u>	<u>\$31.59</u>	<u>Mammary ductogram or galactogram, single duct, radiological supervision and interpretation</u>
<u>77054</u>	-	-	<u>\$59.01</u>	<u>\$16.76</u>	<u>\$42.25</u>	<u>Mammary ductogram or galactogram, multiple ducts, radiological supervision and interpretation</u>
<u>77055</u>	-	-	<u>\$68.38</u>	<u>\$25.84</u>	<u>\$42.53</u>	<u>Mammography; unilateral</u>
<u>77056</u>	-	-	<u>\$88.04</u>	<u>\$32.04</u>	<u>\$56.00</u>	<u>Mammography; bilateral</u>
<u>77057</u>	-	-	<u>\$85.30</u>	<u>\$35.28</u>	<u>\$50.02</u>	<u>Screening mammography, bilateral (2-view study of each breast)</u>

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<u>77058</u>	-	-	<u>\$414.61</u>	<u>\$59.98</u>	<u>\$354.63</u>	<u>Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral</u>
<u>77059</u>	-	-	<u>\$414.61</u>	<u>\$59.98</u>	<u>\$354.63</u>	<u>Magnetic resonance imaging, breast, without and/or with contrast material(s); bilateral</u>
<u>77061</u>	-	-	<u>I.C.</u>	-	-	<u>Digital breast tomosynthesis; unilateral</u>
<u>77062</u>	-	-	<u>I.C.</u>	-	-	<u>Digital breast tomosynthesis; bilateral</u>
<u>77063</u>	-	-	<u>\$41.93</u>	<u>\$22.01</u>	<u>\$19.93</u>	<u>Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure)</u>
<u>77071</u>	-	-	<u>\$36.28</u>	-	-	<u>Manual application of stress performed by physician or other qualified health care professional for joint radiography, including contralateral joint if indicated</u>
<u>77072</u>	-	-	<u>\$17.52</u>	<u>\$6.99</u>	<u>\$10.54</u>	<u>Bone age studies</u>

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<u>77073</u>	-	-	<u>\$27.31</u>	<u>\$10.59</u>	<u>\$16.71</u>	<u>Bone length studies (orthoroentgenogram, scanogram)</u>
<u>77074</u>	-	-	<u>\$49.19</u>	<u>\$16.76</u>	<u>\$32.43</u>	<u>Radiologic examination, osseous survey; limited (eg, for metastases)</u>
<u>77075</u>	-	-	<u>\$67.21</u>	<u>\$19.91</u>	<u>\$47.30</u>	<u>Radiologic examination, osseous survey; complete (axial and appendicular skeleton)</u>
<u>77076</u>	-	-	<u>\$73.43</u>	<u>\$25.84</u>	<u>\$47.58</u>	<u>Radiologic examination, osseous survey, infant</u>
<u>77077</u>	-	-	<u>\$28.33</u>	<u>\$11.90</u>	<u>\$16.43</u>	<u>Joint survey, single view, 2 or more joints (specify)</u>
<u>77078</u>	-	-	<u>\$56.67</u>	<u>\$9.08</u>	<u>\$47.58</u>	<u>Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine)</u>
<u>77080</u>	-	-	<u>\$31.81</u>	<u>\$7.52</u>	<u>\$24.29</u>	<u>Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)</u>

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<u>77081</u>	-	-	<u>\$21.38</u>	<u>\$8.03</u>	<u>\$13.35</u>	<u>Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)</u>
<u>77084</u>	-	-	<u>\$272.80</u>	<u>\$59.21</u>	<u>\$213.59</u>	<u>Magnetic resonance (eg, proton) imaging, bone marrow blood supply</u>
<u>77085</u>	-	-	<u>\$43.51</u>	<u>\$11.36</u>	<u>\$32.15</u>	<u>Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine), including vertebral fracture assessment</u>
<u>77086</u>	-	-	<u>\$27.40</u>	<u>\$6.47</u>	<u>\$20.92</u>	<u>Vertebral fracture assessment via dual-energy X-ray absorptiometry (DXA)</u>
<u>77261</u>	-	-	<u>\$55.52</u>	-	-	<u>Therapeutic radiology treatment planning; simple</u>
<u>77262</u>	-	-	<u>\$82.74</u>	-	-	<u>Therapeutic radiology treatment planning; intermediate</u>

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<u>77263</u>	-	-	<u>\$120.75</u>	-	-	<u>Therapeutic radiology treatment planning; complex</u>
<u>77280</u>	-	-	<u>\$214.15</u>	<u>\$26.53</u>	<u>\$187.62</u>	<u>Therapeutic radiology simulation-aided field setting; simple</u>
<u>77285</u>	-	-	<u>\$337.92</u>	<u>\$40.01</u>	<u>\$297.91</u>	<u>Therapeutic radiology simulation-aided field setting; intermediate</u>
<u>77290</u>	-	-	<u>\$403.21</u>	<u>\$59.56</u>	<u>\$343.65</u>	<u>Therapeutic radiology simulation-aided field setting; complex</u>
<u>77293</u>	-	-	<u>\$363.03</u>	<u>\$76.19</u>	<u>\$286.84</u>	<u>Respiratory motion management simulation (List separately in addition to code for primary procedure)</u>
<u>77295</u>	-	-	<u>\$375.27</u>	<u>\$162.89</u>	<u>\$212.38</u>	<u>3-dimensional radiotherapy plan, including dose-volume histograms</u>
<u>77299</u>	-	-	<u>I.C.</u>	-	-	<u>Unlisted procedure, therapeutic radiology clinical treatment planning</u>

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<u>77300</u>	-	-	<u>\$50.74</u>	<u>\$23.64</u>	<u>\$27.10</u>	<u>Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician</u>
<u>77301</u>	-	-	<u>\$1,520.99</u>	<u>\$303.63</u>	<u>\$1,217.36</u>	<u>Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications</u>
<u>77306</u>	-	-	<u>\$113.99</u>	<u>\$53.34</u>	<u>\$60.65</u>	<u>Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)</u>

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<u>77307</u>	-	-	<u>\$219.72</u>	<u>\$110.09</u>	<u>\$109.63</u>	<u>Teletherapy isodose plan; complex (multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), includes basic dosimetry calculation(s)</u>
<u>77316</u>	-	-	<u>\$145.01</u>	<u>\$53.34</u>	<u>\$91.67</u>	<u>Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)</u>
<u>77317</u>	-	-	<u>\$188.77</u>	<u>\$69.72</u>	<u>\$119.05</u>	<u>Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)</u>

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<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
<u>77318</u>	-	-	<u>\$271.54</u>	<u>\$110.09</u>	<u>\$161.46</u>	<u>Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)</u>
<u>77321</u>	-	-	<u>\$70.57</u>	<u>\$36.18</u>	<u>\$34.39</u>	<u>Special teletherapy port plan, particles, hemibody, total body</u>
<u>77331</u>	-	-	<u>\$47.75</u>	<u>\$33.00</u>	<u>\$14.75</u>	<u>Special dosimetry (eg, TLD, microdosimetry) (specify), only when prescribed by the treating physician</u>
<u>77332</u>	-	-	<u>\$63.97</u>	<u>\$20.87</u>	<u>\$43.09</u>	<u>Treatment devices, design and construction; simple (simple block, simple bolus)</u>
<u>77333</u>	-	-	<u>\$39.41</u>	<u>\$31.95</u>	<u>\$7.45</u>	<u>Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus)</u>

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<u>77334</u>	-	-	<u>\$117.16</u>	<u>\$47.12</u>	<u>\$70.03</u>	<u>Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts)</u>
<u>77336</u>	-	-	<u>\$61.99</u>	-	-	<u>Continuing medical physics consultation, including assessment of treatment parameters, quality assurance of dose delivery, and review of patient treatment documentation in support of the radiation oncologist, reported per week of therapy</u>
<u>77338</u>	-	-	<u>\$388.89</u>	<u>\$162.89</u>	<u>\$226.00</u>	<u>Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan</u>
<u>77370</u>	-	-	<u>\$95.04</u>	-	-	<u>Special medical radiation physics consultation</u>

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<u>77371</u>	-	-	<u>I.C.</u>	-	-	<u>Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based</u>
<u>77372</u>	-	-	<u>\$847.48</u>	-	-	<u>Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based</u>
<u>77373</u>	-	-	<u>\$1,077.3</u> <u>9</u>	-	-	<u>Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions</u>
<u>77385</u>	-	-	<u>I.C.</u>	-	-	<u>Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple</u>

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<u>77386</u>	-	-	<u>I.C.</u>	-	-	<u>Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex</u>
<u>77387</u>	-	-	<u>I.C.</u>	-	-	<u>Guidance for localization of target volume for delivery of radiation treatment delivery, includes intrafraction tracking, when performed</u>
<u>77399</u>	-	-	<u>I.C.</u>	-	-	<u>Unlisted procedure, medical radiation physics, dosimetry and treatment devices, and special services</u>
<u>77401</u>	-	-	<u>\$18.96</u>	-	-	<u>Radiation treatment delivery, superficial and/or ortho voltage, per day</u>
<u>77402</u>	-	-	<u>I.C.</u>	-	-	<u>Radiation treatment delivery, ≥ 1 MeV; simple</u>
<u>77407</u>	-	-	<u>I.C.</u>	-	-	<u>Radiation treatment delivery, ≥ 1 MeV; intermediate</u>
<u>77412</u>	-	-	<u>I.C.</u>	-	-	<u>Radiation treatment delivery, ≥ 1 MeV; complex</u>

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<u>77417</u>	-	-	<u>\$8.57</u>	-	-	<u>Therapeutic radiology port image(s)</u>
<u>77422</u>	-	-	<u>I.C.</u>	-	-	<u>High energy neutron radiation treatment delivery; single treatment area using a single port or parallel-opposed ports with no blocks or simple blocking</u>
<u>77423</u>	-	-	<u>I.C.</u>	-	-	<u>High energy neutron radiation treatment delivery; 1 or more isocenter(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s)</u>
<u>77424</u>	-	-	<u>I.C.</u>	-	-	<u>Intraoperative radiation treatment delivery, x-ray, single treatment session</u>
<u>77425</u>	-	-	<u>I.C.</u>	-	-	<u>Intraoperative radiation treatment delivery, electrons, single treatment session</u>
<u>77427</u>	-	-	<u>\$135.77</u>	-	-	<u>Radiation treatment management, 5 treatments</u>

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<u>77431</u>	-	-	<u>\$74.75</u>	-	-	<u>Radiation therapy management with complete course of therapy consisting of 1 or 2 fractions only</u>
<u>77432</u>	-	-	<u>\$304.72</u>	-	-	<u>Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)</u>
<u>77435</u>	-	-	<u>\$459.90</u>	-	-	<u>Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions</u>
<u>77469</u>	-	-	<u>\$236.50</u>	-	-	<u>Intraoperative radiation treatment management</u>
<u>77470</u>	-	-	<u>\$117.25</u>	<u>\$79.34</u>	<u>\$37.92</u>	<u>Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)</u>
<u>77499</u>	-	-	<u>I.C.</u>	-	-	<u>Unlisted procedure, therapeutic radiology treatment management</u>

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<u>77520</u>	-	-	<u>I.C.</u>	-	-	<u>Proton treatment delivery; simple, without compensation</u>
<u>77522</u>	-	-	<u>I.C.</u>	-	-	<u>Proton treatment delivery; simple, with compensation</u>
<u>77523</u>	-	-	<u>I.C.</u>	-	-	<u>Proton treatment delivery; intermediate</u>
<u>77525</u>	-	-	<u>I.C.</u>	-	-	<u>Proton treatment delivery; complex</u>
<u>77600</u>	-	-	<u>\$328.06</u>	<u>\$60.28</u>	<u>\$267.79</u>	<u>Hyperthermia, externally generated; superficial (ie, heating to a depth of 4 cm or less)</u>
<u>77605</u>	-	-	<u>\$622.57</u>	<u>\$82.56</u>	<u>\$540.01</u>	<u>Hyperthermia, externally generated; deep (ie, heating to depths greater than 4 cm)</u>
<u>77610</u>	-	-	<u>\$778.41</u>	<u>\$60.76</u>	<u>\$717.65</u>	<u>Hyperthermia generated by interstitial probe(s); 5 or fewer interstitial applicators</u>
<u>77615</u>	-	-	<u>\$834.52</u>	<u>\$79.05</u>	<u>\$755.47</u>	<u>Hyperthermia generated by interstitial probe(s); more than 5 interstitial applicators</u>
<u>77620</u>	-	-	<u>\$299.00</u>	<u>\$59.28</u>	<u>\$239.72</u>	<u>Hyperthermia generated by intracavitary probe(s)</u>

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<u>77750</u>	-	-	<u>\$278.98</u>	<u>\$189.68</u>	<u>\$89.30</u>	<u>Infusion or instillation of radioelement solution (includes 3-month follow-up care)</u>
<u>77761</u>	-	-	<u>\$296.24</u>	<u>\$144.20</u>	<u>\$152.04</u>	<u>Intracavitary radiation source application; simple</u>
<u>77762</u>	-	-	<u>\$392.83</u>	<u>\$218.46</u>	<u>\$174.37</u>	<u>Intracavitary radiation source application; intermediate</u>
<u>77763</u>	-	-	<u>\$554.74</u>	<u>\$329.11</u>	<u>\$225.63</u>	<u>Intracavitary radiation source application; complex</u>
<u>77767</u>	-	-	<u>\$174.62</u>	<u>\$40.01</u>	<u>\$134.61</u>	<u>Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel</u>

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<u>77768</u>	-	-	<u>\$274.42</u>	<u>\$53.06</u>	<u>\$221.36</u>	<u>Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions</u>
<u>77770</u>	-	-	<u>\$247.97</u>	<u>\$74.19</u>	<u>\$173.77</u>	<u>Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel</u>
<u>77771</u>	-	-	<u>\$460.94</u>	<u>\$144.42</u>	<u>\$316.52</u>	<u>Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels</u>

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<u>77772</u>	-	-	<u>\$705.28</u>	<u>\$205.00</u>	<u>\$500.28</u>	<u>Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels</u>
<u>77778</u>	-	-	<u>\$593.12</u>	<u>\$303.04</u>	<u>\$290.08</u>	<u>Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source, when performed</u>
<u>77789</u>	-	-	<u>\$91.30</u>	<u>\$43.72</u>	<u>\$47.58</u>	<u>Surface application of low dose rate radionuclide source</u>
<u>77790</u>	-	-	<u>\$11.66</u>	-	-	<u>Supervision, handling, loading of radiation source</u>
<u>77799</u>	-	-	<u>I.C.</u>	-	-	<u>Unlisted procedure, clinical brachytherapy</u>
<u>78012</u>	-	-	<u>\$63.70</u>	<u>\$6.99</u>	<u>\$56.72</u>	<u>Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)</u>

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<u>78013</u>	-	-	<u>\$154.50</u>	<u>\$13.43</u>	<u>\$141.07</u>	<u>Thyroid imaging (including vascular flow, when performed);</u>
<u>78014</u>	-	-	<u>\$195.59</u>	<u>\$18.04</u>	<u>\$177.55</u>	<u>Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)</u>
<u>78015</u>	-	-	<u>\$177.49</u>	<u>\$24.08</u>	<u>\$153.41</u>	<u>Thyroid carcinoma metastases imaging; limited area (eg, neck and chest only)</u>
<u>78016</u>	-	-	<u>\$225.52</u>	<u>\$25.08</u>	<u>\$200.43</u>	<u>Thyroid carcinoma metastases imaging; with additional studies (eg, urinary recovery)</u>
<u>78018</u>	-	-	<u>\$252.55</u>	<u>\$30.50</u>	<u>\$222.04</u>	<u>Thyroid carcinoma metastases imaging; whole body</u>
<u>78020</u>	-	-	<u>\$66.22</u>	<u>\$20.45</u>	<u>\$45.77</u>	<u>Thyroid carcinoma metastases uptake (List separately in addition to code for primary procedure)</u>

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<u>78070</u>	-	-	<u>\$242.15</u>	<u>\$28.69</u>	<u>\$213.47</u>	<u>Parathyroid planar imaging (including subtraction, when performed);</u>
<u>78071</u>	-	-	<u>\$288.51</u>	<u>\$43.17</u>	<u>\$245.34</u>	<u>Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)</u>
<u>78072</u>	-	-	<u>\$332.58</u>	<u>\$56.37</u>	<u>\$276.21</u>	<u>Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization</u>
<u>78075</u>	-	-	<u>\$346.85</u>	<u>\$25.87</u>	<u>\$320.98</u>	<u>Adrenal imaging, cortex and/or medulla</u>
<u>78099</u>	-	-	<u>I.C.</u>	-	-	<u>Unlisted endocrine procedure, diagnostic nuclear medicine</u>
<u>78102</u>	-	-	<u>\$136.53</u>	<u>\$19.60</u>	<u>\$116.93</u>	<u>Bone marrow imaging; limited area</u>
<u>78103</u>	-	-	<u>\$179.13</u>	<u>\$26.56</u>	<u>\$152.57</u>	<u>Bone marrow imaging; multiple areas</u>
<u>78104</u>	-	-	<u>\$197.53</u>	<u>\$28.12</u>	<u>\$169.41</u>	<u>Bone marrow imaging; whole body</u>

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<u>78110</u>	-	-	<u>\$75.65</u>	<u>\$6.99</u>	<u>\$68.66</u>	<u>Plasma volume, radiopharmaceutical volume-dilution technique (separate procedure); single sampling</u>
<u>78111</u>	-	-	<u>\$77.54</u>	<u>\$8.03</u>	<u>\$69.50</u>	<u>Plasma volume, radiopharmaceutical volume-dilution technique (separate procedure); multiple samplings</u>
<u>78120</u>	-	-	<u>\$75.55</u>	<u>\$8.57</u>	<u>\$66.98</u>	<u>Red cell volume determination (separate procedure); single sampling</u>
<u>78121</u>	-	-	<u>\$81.94</u>	<u>\$11.87</u>	<u>\$70.06</u>	<u>Red cell volume determination (separate procedure); multiple samplings</u>
<u>78122</u>	-	-	<u>\$77.97</u>	<u>\$15.76</u>	<u>\$62.21</u>	<u>Whole blood volume determination, including separate measurement of plasma volume and red cell volume (radiopharmaceutical volume-dilution technique)</u>
<u>78130</u>	-	-	<u>\$134.98</u>	<u>\$22.39</u>	<u>\$112.60</u>	<u>Red cell survival study;</u>

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<u>78135</u>	-	-	<u>\$282.96</u>	<u>\$23.59</u>	<u>\$259.37</u>	<u>Red cell survival study; differential organ/tissue kinetics (eg, splenic and/or hepatic sequestration)</u>
<u>78140</u>	-	-	<u>\$109.16</u>	<u>\$22.54</u>	<u>\$86.62</u>	<u>Labeled red cell sequestration, differential organ/tissue (eg, splenic and/or hepatic)</u>
<u>78185</u>	-	-	<u>\$171.54</u>	<u>\$14.76</u>	<u>\$156.78</u>	<u>Spleen imaging only, with or without vascular flow</u>
<u>78190</u>	-	-	<u>\$317.21</u>	<u>\$40.17</u>	<u>\$277.05</u>	<u>Kinetics, study of platelet survival, with or without differential organ/tissue localization</u>
<u>78191</u>	-	-	<u>\$134.98</u>	<u>\$22.39</u>	<u>\$112.60</u>	<u>Platelet survival study</u>
<u>78195</u>	-	-	<u>\$286.70</u>	<u>\$43.32</u>	<u>\$243.37</u>	<u>Lymphatics and lymph nodes imaging</u>
<u>78199</u>	-	-	<u>I.C.</u>	-	-	<u>Unlisted hematopoietic, reticuloendothelial and lymphatic procedure, diagnostic nuclear medicine</u>
<u>78201</u>	-	-	<u>\$151.80</u>	<u>\$15.51</u>	<u>\$136.29</u>	<u>Liver imaging; static only</u>
<u>78202</u>	-	-	<u>\$163.14</u>	<u>\$17.58</u>	<u>\$145.56</u>	<u>Liver imaging; with vascular flow</u>
<u>78205</u>	-	-	<u>\$170.38</u>	<u>\$24.82</u>	<u>\$145.56</u>	<u>Liver imaging (SPECT);</u>

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<u>78206</u>	-	-	<u>\$276.59</u>	<u>\$34.34</u>	<u>\$242.25</u>	<u>Liver imaging (SPECT); with vascular flow</u>
<u>78215</u>	-	-	<u>\$157.17</u>	<u>\$17.79</u>	<u>\$139.38</u>	<u>Liver and spleen imaging; static only</u>
<u>78216</u>	-	-	<u>\$100.56</u>	<u>\$20.11</u>	<u>\$80.45</u>	<u>Liver and spleen imaging; with vascular flow</u>
<u>78226</u>	-	-	<u>\$268.56</u>	<u>\$26.87</u>	<u>\$241.69</u>	<u>Hepatobiliary system imaging, including gallbladder when present;</u>
<u>78227</u>	-	-	<u>\$292.17</u>	<u>\$32.80</u>	<u>\$259.37</u>	<u>Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed</u>
<u>78230</u>	-	-	<u>\$113.74</u>	<u>\$13.92</u>	<u>\$99.81</u>	<u>Salivary gland imaging;</u>
<u>78231</u>	-	-	<u>\$104.33</u>	<u>\$19.40</u>	<u>\$84.94</u>	<u>Salivary gland imaging; with serial images</u>
<u>78232</u>	-	-	<u>\$78.89</u>	<u>\$14.44</u>	<u>\$64.45</u>	<u>Salivary gland function study</u>
<u>78258</u>	-	-	<u>\$178.60</u>	<u>\$26.87</u>	<u>\$151.73</u>	<u>Esophageal motility</u>
<u>78261</u>	-	-	<u>\$200.61</u>	<u>\$25.03</u>	<u>\$175.58</u>	<u>Gastric mucosa imaging</u>
<u>78262</u>	-	-	<u>\$197.39</u>	<u>\$24.33</u>	<u>\$173.06</u>	<u>Gastroesophageal reflux study</u>
<u>78264</u>	-	-	<u>\$270.80</u>	<u>\$26.87</u>	<u>\$243.93</u>	<u>Gastric emptying imaging study (eg, solid, liquid, or both);</u>

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<u>78265</u>	-	-	<u>\$294.94</u>	<u>\$35.41</u>	<u>\$259.52</u>	<u>Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel transit</u>
<u>78266</u>	-	-	<u>\$383.25</u>	<u>\$39.25</u>	<u>\$344.00</u>	<u>Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel and colon transit, multiple days</u>
<u>78267</u>	-	-	<u>I.C.</u>	-	-	<u>Urea breath test, C-14 (isotopic); acquisition for analysis</u>
<u>78268</u>	-	-	<u>I.C.</u>	-	-	<u>Urea breath test, C-14 (isotopic); analysis</u>
<u>78270</u>	-	-	<u>\$81.52</u>	<u>\$7.80</u>	<u>\$73.71</u>	<u>Vitamin B-12 absorption study (eg, Schilling test); without intrinsic factor</u>
<u>78271</u>	-	-	<u>\$72.53</u>	<u>\$7.52</u>	<u>\$65.01</u>	<u>Vitamin B-12 absorption study (eg, Schilling test); with intrinsic factor</u>
<u>78272</u>	-	-	<u>\$77.69</u>	<u>\$9.88</u>	<u>\$67.82</u>	<u>Vitamin B-12 absorption studies combined, with and without intrinsic factor</u>
<u>78278</u>	-	-	<u>\$281.85</u>	<u>\$35.95</u>	<u>\$245.90</u>	<u>Acute gastrointestinal blood loss imaging</u>
<u>78282</u>	-	-	-	<u>\$13.97</u>	-	<u>Gastrointestinal protein loss</u>

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<u>78290</u>	-	-	<u>\$270.39</u>	<u>\$24.77</u>	<u>\$245.62</u>	<u>Intestine imaging (eg, ectopic gastric mucosa, Meckel's localization, volvulus)</u>
<u>78291</u>	-	-	<u>\$202.95</u>	<u>\$31.01</u>	<u>\$171.94</u>	<u>Peritoneal-venous shunt patency test (eg, for LeVeen, Denver shunt)</u>
<u>78299</u>	-	-	<u>I.C.</u>	-	-	<u>Unlisted gastrointestinal procedure, diagnostic nuclear medicine</u>
<u>78300</u>	-	-	<u>\$145.50</u>	<u>\$22.95</u>	<u>\$122.54</u>	<u>Bone and/or joint imaging; limited area</u>
<u>78305</u>	-	-	<u>\$185.83</u>	<u>\$30.17</u>	<u>\$155.66</u>	<u>Bone and/or joint imaging; multiple areas</u>
<u>78306</u>	-	-	<u>\$203.15</u>	<u>\$31.22</u>	<u>\$171.94</u>	<u>Bone and/or joint imaging; whole body</u>
<u>78315</u>	-	-	<u>\$280.09</u>	<u>\$37.00</u>	<u>\$243.09</u>	<u>Bone and/or joint imaging; 3 phase study</u>
<u>78320</u>	-	-	<u>\$182.79</u>	<u>\$36.95</u>	<u>\$145.84</u>	<u>Bone and/or joint imaging; tomographic (SPECT)</u>
<u>78350</u>	-	-	<u>\$25.31</u>	<u>\$8.03</u>	<u>\$17.27</u>	<u>Bone density (bone mineral content) study, 1 or more sites; single photon absorptiometry</u>

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<u>78351</u>	-	-	<u>\$11.08</u>	-	-	<u>Bone density (bone mineral content) study, 1 or more sites; dual photon absorptiometry, 1 or more sites</u>
<u>78399</u>	-	-	<u>I.C.</u>	-	-	<u>Unlisted musculoskeletal procedure, diagnostic nuclear medicine</u>
<u>78414</u>	-	-	-	<u>\$16.32</u>	-	<u>Determination of central c-v hemodynamics (non-imaging) (eg, ejection fraction with probe technique) with or without pharmacologic intervention or exercise, single or multiple determinations</u>
<u>78428</u>	-	-	<u>\$144.67</u>	<u>\$27.74</u>	<u>\$116.93</u>	<u>Cardiac shunt detection</u>
<u>78445</u>	-	-	<u>\$141.30</u>	<u>\$17.07</u>	<u>\$124.23</u>	<u>Non-cardiac vascular flow imaging (ie, angiography, venography)</u>

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<u>78451</u>	-	-	<u>\$274.31</u>	<u>\$49.46</u>	<u>\$224.85</u>	<u>Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)</u>

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<u>78452</u>	-	-	<u>\$380.83</u>	<u>\$58.01</u>	<u>\$322.82</u>	<u>Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection</u>
<u>78453</u>	-	-	<u>\$245.06</u>	<u>\$36.21</u>	<u>\$208.85</u>	<u>Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)</u>

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<u>78454</u>	-	-	<u>\$352.74</u>	<u>\$49.15</u>	<u>\$303.58</u>	<u>Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection</u>
<u>78456</u>	-	-	<u>\$254.73</u>	<u>\$35.77</u>	<u>\$218.96</u>	<u>Acute venous thrombosis imaging, peptide</u>
<u>78457</u>	-	-	<u>\$150.65</u>	<u>\$27.82</u>	<u>\$122.82</u>	<u>Venous thrombosis imaging, venogram; unilateral</u>
<u>78458</u>	-	-	<u>\$133.83</u>	<u>\$27.85</u>	<u>\$105.99</u>	<u>Venous thrombosis imaging, venogram; bilateral</u>
<u>78459</u>	-	-	-	<u>\$51.97</u>	-	<u>Myocardial imaging, positron emission tomography (PET), metabolic evaluation</u>
<u>78466</u>	-	-	<u>\$153.31</u>	<u>\$25.71</u>	<u>\$127.59</u>	<u>Myocardial imaging, infarct avid, planar; qualitative or quantitative</u>

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<u>78468</u>	-	-	<u>\$158.93</u>	<u>\$28.81</u>	<u>\$130.12</u>	<u>Myocardial imaging, infarct</u> <u>avid, planar; with ejection</u> <u>fraction by first pass technique</u>
<u>78469</u>	-	-	<u>\$181.80</u>	<u>\$33.44</u>	<u>\$148.36</u>	<u>Myocardial imaging, infarct</u> <u>avid, planar; tomographic</u> <u>SPECT with or without</u> <u>quantification</u>
<u>78472</u>	-	-	<u>\$184.06</u>	<u>\$35.13</u>	<u>\$148.92</u>	<u>Cardiac blood pool imaging,</u> <u>gated equilibrium; planar,</u> <u>single study at rest or stress</u> <u>(exercise and/or</u> <u>pharmacologic), wall motion</u> <u>study plus ejection fraction,</u> <u>with or without additional</u> <u>quantitative processing</u>
<u>78473</u>	-	-	<u>\$231.15</u>	<u>\$52.33</u>	<u>\$178.83</u>	<u>Cardiac blood pool imaging,</u> <u>gated equilibrium; multiple</u> <u>studies, wall motion study plus</u> <u>ejection fraction, at rest and</u> <u>stress (exercise and/or</u> <u>pharmacologic), with or</u> <u>without additional</u> <u>quantification</u>

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<u>78481</u>	-	-	<u>\$139.13</u>	<u>\$34.98</u>	<u>\$104.15</u>	<u>Cardiac blood pool imaging (planar), first pass technique; single study, at rest or with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification</u>
<u>78483</u>	-	-	<u>\$192.27</u>	<u>\$52.33</u>	<u>\$139.94</u>	<u>Cardiac blood pool imaging (planar), first pass technique; multiple studies, at rest and with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification</u>
<u>78491</u>	-	-	-	<u>\$52.53</u>	-	<u>Myocardial imaging, positron emission tomography (PET), perfusion; single study at rest or stress</u>
<u>78492</u>	-	-	-	<u>\$65.81</u>	-	<u>Myocardial imaging, positron emission tomography (PET), perfusion; multiple studies at rest and/or stress</u>

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<u>78494</u>	-	-	<u>\$179.61</u>	<u>\$42.76</u>	<u>\$136.86</u>	<u>Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing</u>
<u>78496</u>	-	-	<u>\$34.32</u>	<u>\$17.89</u>	<u>\$16.43</u>	<u>Cardiac blood pool imaging, gated equilibrium, single study, at rest, with right ventricular ejection fraction by first pass technique (List separately in addition to code for primary procedure)</u>
<u>78499</u>	-	-	<u>I.C.</u>	-	-	<u>Unlisted cardiovascular procedure, diagnostic nuclear medicine</u>
<u>78579</u>	-	-	<u>\$150.84</u>	<u>\$17.35</u>	<u>\$133.49</u>	<u>Pulmonary ventilation imaging (eg, aerosol or gas)</u>
<u>78580</u>	-	-	<u>\$193.19</u>	<u>\$26.87</u>	<u>\$166.32</u>	<u>Pulmonary perfusion imaging (eg, particulate)</u>
<u>78582</u>	-	-	<u>\$270.30</u>	<u>\$38.72</u>	<u>\$231.59</u>	<u>Pulmonary ventilation (eg, aerosol or gas) and perfusion imaging</u>
<u>78597</u>	-	-	<u>\$162.70</u>	<u>\$26.13</u>	<u>\$136.57</u>	<u>Quantitative differential pulmonary perfusion, including imaging when performed</u>

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<u>78598</u>	-	-	<u>\$248.08</u>	<u>\$30.53</u>	<u>\$217.55</u>	<u>Quantitative differential pulmonary perfusion and ventilation (eg, aerosol or gas), including imaging when performed</u>
<u>78599</u>	-	-	<u>I.C.</u>	-	-	<u>Unlisted respiratory procedure, diagnostic nuclear medicine</u>
<u>78600</u>	-	-	<u>\$149.71</u>	<u>\$16.50</u>	<u>\$133.21</u>	<u>Brain imaging, less than 4 static views;</u>
<u>78601</u>	-	-	<u>\$172.83</u>	<u>\$18.30</u>	<u>\$154.54</u>	<u>Brain imaging, less than 4 static views; with vascular flow</u>
<u>78605</u>	-	-	<u>\$160.72</u>	<u>\$19.65</u>	<u>\$141.07</u>	<u>Brain imaging, minimum 4 static views;</u>
<u>78606</u>	-	-	<u>\$268.37</u>	<u>\$23.03</u>	<u>\$245.34</u>	<u>Brain imaging, minimum 4 static views; with vascular flow</u>
<u>78607</u>	-	-	<u>\$282.54</u>	<u>\$43.38</u>	<u>\$239.16</u>	<u>Brain imaging, tomographic (SPECT)</u>
<u>78608</u>	-	-	-	<u>\$52.69</u>	-	<u>Brain imaging, positron emission tomography (PET); metabolic evaluation</u>
<u>78609</u>	-	-	<u>\$55.03</u>	<u>\$55.03</u>	-	<u>Brain imaging, positron emission tomography (PET); perfusion evaluation</u>
<u>78610</u>	-	-	<u>\$141.76</u>	<u>\$11.08</u>	<u>\$130.68</u>	<u>Brain imaging, vascular flow only</u>

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<u>78630</u>	-	-	<u>\$274.32</u>	<u>\$24.77</u>	<u>\$249.55</u>	<u>Cerebrospinal fluid flow, imaging (not including introduction of material); cisternography</u>
<u>78635</u>	-	-	<u>\$274.89</u>	<u>\$22.54</u>	<u>\$252.35</u>	<u>Cerebrospinal fluid flow, imaging (not including introduction of material); ventriculography</u>
<u>78645</u>	-	-	<u>\$261.80</u>	<u>\$20.40</u>	<u>\$241.41</u>	<u>Cerebrospinal fluid flow, imaging (not including introduction of material); shunt evaluation</u>
<u>78647</u>	-	-	<u>\$282.91</u>	<u>\$33.09</u>	<u>\$249.83</u>	<u>Cerebrospinal fluid flow, imaging (not including introduction of material); tomographic (SPECT)</u>
<u>78650</u>	-	-	<u>\$267.04</u>	<u>\$21.98</u>	<u>\$245.06</u>	<u>Cerebrospinal fluid leakage detection and localization</u>
<u>78660</u>	-	-	<u>\$145.28</u>	<u>\$19.65</u>	<u>\$125.63</u>	<u>Radiopharmaceutical dacryocystography</u>
<u>78699</u>	-	-	<u>I.C.</u>	-	-	<u>Unlisted nervous system procedure, diagnostic nuclear medicine</u>
<u>78700</u>	-	-	<u>\$138.87</u>	<u>\$16.32</u>	<u>\$122.54</u>	<u>Kidney imaging morphology;</u>
<u>78701</u>	-	-	<u>\$170.48</u>	<u>\$17.35</u>	<u>\$153.13</u>	<u>Kidney imaging morphology; with vascular flow</u>

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<u>78707</u>	-	-	<u>\$186.63</u>	<u>\$34.34</u>	<u>\$152.29</u>	<u>Kidney imaging morphology; with vascular flow and function, single study without pharmacological intervention</u>
<u>78708</u>	-	-	<u>\$137.78</u>	<u>\$43.42</u>	<u>\$94.35</u>	<u>Kidney imaging morphology; with vascular flow and function, single study, with pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)</u>
<u>78709</u>	-	-	<u>\$292.35</u>	<u>\$50.39</u>	<u>\$241.97</u>	<u>Kidney imaging morphology; with vascular flow and function, multiple studies, with and without pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)</u>
<u>78710</u>	-	-	<u>\$161.24</u>	<u>\$22.42</u>	<u>\$138.82</u>	<u>Kidney imaging morphology; tomographic (SPECT)</u>
<u>78725</u>	-	-	<u>\$87.12</u>	<u>\$13.41</u>	<u>\$73.71</u>	<u>Kidney function study, non-imaging radioisotopic study</u>

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<u>78730</u>	-	-	<u>\$61.68</u>	<u>\$5.68</u>	<u>\$56.00</u>	<u>Urinary bladder residual study</u> <u>(List separately in addition to</u> <u>code for primary procedure)</u>
<u>78740</u>	-	-	<u>\$176.18</u>	<u>\$20.24</u>	<u>\$155.94</u>	<u>Ureteral reflux study</u> <u>(radiopharmaceutical voiding</u> <u>cystogram)</u>
<u>78761</u>	-	-	<u>\$168.01</u>	<u>\$26.38</u>	<u>\$141.63</u>	<u>Testicular imaging with</u> <u>vascular flow</u>
<u>78799</u>	-	-	<u>I.C.</u>	-	-	<u>Unlisted genitourinary</u> <u>procedure, diagnostic nuclear</u> <u>medicine</u>
<u>78800</u>	-	-	<u>\$153.57</u>	<u>\$24.57</u>	<u>\$129.00</u>	<u>Radiopharmaceutical</u> <u>localization of tumor or</u> <u>distribution of</u> <u>radiopharmaceutical agent(s);</u> <u>limited area</u>
<u>78801</u>	-	-	<u>\$210.09</u>	<u>\$29.18</u>	<u>\$180.92</u>	<u>Radiopharmaceutical</u> <u>localization of tumor or</u> <u>distribution of</u> <u>radiopharmaceutical agent(s);</u> <u>multiple areas</u>
<u>78802</u>	-	-	<u>\$262.65</u>	<u>\$30.78</u>	<u>\$231.87</u>	<u>Radiopharmaceutical</u> <u>localization of tumor or</u> <u>distribution of</u> <u>radiopharmaceutical agent(s);</u> <u>whole body, single day</u> <u>imaging</u>

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<u>78803</u>	-	-	<u>\$274.31</u>	<u>\$38.23</u>	<u>\$236.08</u>	<u>Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); tomographic (SPECT)</u>
<u>78804</u>	-	-	<u>\$459.76</u>	<u>\$38.28</u>	<u>\$421.48</u>	<u>Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); whole body, requiring 2 or more days imaging</u>
<u>78805</u>	-	-	<u>\$146.35</u>	<u>\$26.33</u>	<u>\$120.02</u>	<u>Radiopharmaceutical localization of inflammatory process; limited area</u>
<u>78806</u>	-	-	<u>\$269.38</u>	<u>\$30.78</u>	<u>\$238.60</u>	<u>Radiopharmaceutical localization of inflammatory process; whole body</u>
<u>78807</u>	-	-	<u>\$274.31</u>	<u>\$37.95</u>	<u>\$236.36</u>	<u>Radiopharmaceutical localization of inflammatory process; tomographic (SPECT)</u>
<u>78808</u>	-	-	<u>\$35.95</u>	-	-	<u>Injection procedure for radiopharmaceutical localization by non-imaging probe study, intravenous (eg, parathyroid adenoma)</u>

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<u>78811</u>	-	-	-	<u>\$56.83</u>	-	<u>Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)</u>
<u>78812</u>	-	-	-	<u>\$69.06</u>	-	<u>Positron emission tomography (PET) imaging; skull base to mid-thigh</u>
<u>78813</u>	-	-	-	<u>\$72.13</u>	-	<u>Positron emission tomography (PET) imaging; whole body</u>
<u>78814</u>	-	-	-	<u>\$79.66</u>	-	<u>Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)</u>
<u>78815</u>	-	-	-	<u>\$87.92</u>	-	<u>Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh</u>

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<u>78816</u>	-	-	-	<u>\$88.62</u>	-	<u>Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body</u>
<u>78999</u>	-	-	<u>I.C.</u>	-	-	<u>Unlisted miscellaneous procedure, diagnostic nuclear medicine</u>
<u>79005</u>	-	-	<u>\$103.50</u>	<u>\$64.74</u>	<u>\$38.76</u>	<u>Radiopharmaceutical therapy, by oral administration</u>
<u>79101</u>	-	-	<u>\$108.00</u>	<u>\$70.24</u>	<u>\$37.76</u>	<u>Radiopharmaceutical therapy, by intravenous administration</u>
<u>79200</u>	-	-	<u>\$121.27</u>	<u>\$75.22</u>	<u>\$46.05</u>	<u>Radiopharmaceutical therapy, by intracavitary administration</u>
<u>79300</u>	-	-	-	<u>\$58.87</u>	-	<u>Radiopharmaceutical therapy, by interstitial radioactive colloid administration</u>
<u>79403</u>	-	-	<u>\$146.64</u>	<u>\$81.62</u>	<u>\$65.01</u>	<u>Radiopharmaceutical therapy, radiolabeled monoclonal antibody by intravenous infusion</u>

~~414.3101~~ CMR: ~~DIVISION OF HEALTH CARE FINANCE AND POLICY~~
~~AMBULATORY CARE~~318.00: Radiology

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
<u>79440</u>	-	-	<u>\$109.73</u>	<u>\$70.01</u>	<u>\$39.73</u>	<u>Radiopharmaceutical therapy, by intra-articular administration</u>
<u>79445</u>	-	-	-	<u>\$84.65</u>	-	<u>Radiopharmaceutical therapy, by intra-arterial particulate administration</u>
<u>79999</u>	-	-	<u>I.C.</u>	-	-	<u>Radiopharmaceutical therapy, unlisted procedure</u>
<u>A4641</u>	-	-	<u>I.C.</u>	-	-	<u>Radiopharmaceutical, diagnostic, not otherwise classified</u>
<u>A4648</u>			<u>I.C.</u>			<u>Tissue marker, implantable, any type, each</u>
<u>A9500</u>	-	-	<u>I.C.</u>	-	-	<u>Technetium tc-99m sestamibi, diagnostic, per study dose</u>
<u>A9502</u>	-	-	<u>I.C.</u>	-	-	<u>Technetium Tc-99m tetrofosmin, diagnostic, per study dose</u>
<u>A9503</u>	-	-	<u>I.C.</u>	-	-	<u>Technetium Tc-99m medronate, diagnostic, per study dose, up to 30 millicuries</u>
<u>A9505</u>	-	-	<u>I.C.</u>	-	-	<u>Thallium Tl-201 thallous chloride, diagnostic, per millicurie</u>
<u>A9512</u>	-	-	<u>I.C.</u>	-	-	<u>Technetium Tc-99m pertechnetate, diagnostic, per millicurie</u>

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<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
<u>A9537</u>	-	-	<u>I.C.</u>	-	-	<u>Technetium Tc-99m</u> <u>mebrofenin, diagnostic, per</u> <u>study dose, up to 15 millicuries</u>
<u>G0202</u>	-	-	<u>\$103.46</u>	<u>\$25.56</u>	<u>\$77.89</u>	<u>Screening mammography,</u> <u>producing direct digital image,</u> <u>bilateral, all views</u>
<u>G0204</u>	-	-	<u>\$126.49</u>	<u>\$32.04</u>	<u>\$94.45</u>	<u>Diagnostic mammography,</u> <u>producing direct 2D digital</u> <u>image, bilateral, all views</u>
<u>G0206</u>	-	-	<u>\$99.25</u>	<u>\$25.56</u>	<u>\$73.68</u>	<u>Diagnostic mammography,</u> <u>producing direct 2D digital</u> <u>image, unilateral, all views</u>
<u>G0279</u>	-	-	<u>\$41.93</u>	<u>\$22.01</u>	<u>\$19.93</u>	<u>Diagnostic digital breast</u> <u>tomosynthesis, unilateral or</u> <u>bilateral (List separately in</u> <u>addition to G0204 or G0206)</u>
<u>G0297</u>	-	-	<u>\$196.81</u>	<u>\$37.53</u>	<u>\$159.28</u>	<u>Low dose CT scan (LDCT) for</u> <u>lung cancer screening</u>
<u>G6001</u>	-	-	<u>\$39.17</u>	<u>\$21.90</u>	<u>\$17.27</u>	<u>Ultrasonic guidance for</u> <u>placement of radiation therapy</u> <u>fields</u>

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<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
<u>G6002</u>	-	-	<u>\$58.16</u>	<u>\$14.79</u>	<u>\$43.37</u>	<u>Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy</u>
<u>G6003</u>	-	-	<u>\$147.49</u>	-	-	<u>Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: up to 5 mev</u>
<u>G6004</u>	-	-	<u>\$114.09</u>	-	-	<u>Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 6-10 mev</u>
<u>G6005</u>	-	-	<u>\$113.81</u>	-	-	<u>Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 11-19 mev</u>
<u>G6006</u>	-	-	<u>\$113.53</u>	-	-	<u>Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 20 mev or greater</u>

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<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
<u>G6007</u>	-	-	<u>\$237.29</u>	-	-	<u>Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: up to 5 mev</u>
<u>G6008</u>	-	-	<u>\$157.87</u>	-	-	<u>Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 6-10 mev</u>
<u>G6009</u>	-	-	<u>\$156.19</u>	-	-	<u>Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 11-19 mev</u>
<u>G6010</u>	-	-	<u>\$155.91</u>	-	-	<u>Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 20 mev or greater</u>

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<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
<u>G6011</u>	-	-	<u>\$253.57</u>	-	-	<u>Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5 mev</u>
<u>G6012</u>	-	-	<u>\$208.11</u>	-	-	<u>Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 mev</u>
<u>G6013</u>	-	-	<u>\$208.39</u>	-	-	<u>Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 mev</u>

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<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
<u>G6014</u>	-	-	<u>\$208.39</u>	-	-	<u>Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 mev or greater</u>
<u>G6015</u>	-	-	<u>\$271.72</u>	-	-	<u>Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session</u>
<u>R0070</u>	-	-	<u>I.C.</u>	-	-	<u>Transportation of portable x-ray equipment and personnel to home or nursing home, per trip to facility or location, one patient seen</u>

318.05: Severability

The provisions of ~~44.3101~~ CMR 318.00 are hereby declared to be severable and if any such provisions or the application of such provisions to any person or circumstances shall be held to be invalid or unconstitutional, such invalidity shall not be construed to affect the validity or constitutionality of any remaining provisions to eligible providers or circumstances other than those held invalid.

REGULATORY AUTHORITY

~~44.3101~~ CMR 318.00: M.G.L. c. ~~448G~~118E.